

Horseheads High School Counseling Office

401 Fletcher Street • Horseheads, NY 14845 (607) 795-2500, x1625 • Fax (607) 795-2515 www.horseheadsdistrict.com

POSTGRADUATE TRANSCRIPT REQUEST

IMPORTANT: Please fill out the questions and email to pkastenhuber@horseheadsdistrict.com. Record request(s) turnaround time is 24 hours. If records are archived, please allow 24-48 hours turnaround time service sourced off campus to be downloaded to our system database.

•	Your name:
•	Your last name when you attended Horseheads High School (if different from name
	above):
•	Date of birth:
•	Address:
•	Email address:
•	Phone number:
•	Year of graduation (or years attended Horseheads High School):
•	Name(s) and address(es) of college/university/employer where transcript should be sent.
•	Please circle one of the following options official or unofficial for your requests -
	transcript - official or unofficial, immunizations - official or unofficial.
•	Any additional questions or comments (include specific emails and/or names for
	documents to be addressed).

*Please note that we can send <u>official transcripts directly to the college/university/employer</u> only. * Transcripts emailed to the graduate are <u>unofficial only</u>. If you have questions, please email <u>pkastenhuber@horseheadsdistrict.com</u>, or call 607-739-5601, x1624.