Horseheads Central School District

Horseheads High School
Counseling Office

401 Fletcher Street • Horseheads, NY 14845 • 607-739-5601, x1625 • Fax 607-795-2515
www.horseheadsdistrict.com/hhhscounseling.cfm

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:
- Name(s) and/or address(es) of college/university/employer where transcript should be sent.
- Please circle one of the following below (example: transcript, official):
  - Transcript – unofficial or official
  - Immunization records – unofficial or official
- Please provide any additional questions or comments in box below (include specific emails and/or names or documents to be addressed).

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