



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.

- 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.
- Transcript(s)/Immunization(s) to be unofficial or official (please circle each one).
- Any additional questions or comments (include specific emails and/or names for documents to be addressed).

The fee is \$3 per transcript. Please make check or money order payable to **Horseheads Central School District** and send to Horseheads High School Registrar, 401 Fletcher Street, Horseheads, NY 14845. We cannot accept credit cards.*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.