



P.O. Box AA • 70 Church Street • Millbrook, New York 12545

**TRANSCRIPT REQUEST**

Email request to: [katherine.mattes@millbrookcsd.org](mailto:katherine.mattes@millbrookcsd.org)

Fax request to: 845-677-2525

Name: \_\_\_\_\_

*If married, please give maiden name*

Phone number **or** email where you can be contacted: \_\_\_\_\_

DOB: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ **OR** Years in attendance @ MHS: \_\_\_\_\_

Please send: **check one** Official Transcript \_\_\_\_\_  
Student Copy \_\_\_\_\_

**PLEASE SEND MY TRANSCRIPT TO:**

Must provide **COMPLETE** name and address

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Student Signature)*

Student signature and/or email request will authorize Millbrook High School to release the student's records.

\_\_\_\_\_  
*Please do not write below this line*

\_\_\_\_\_  
Date Transcript Sent

\_\_\_\_\_  
Sent by