

Canajoharie High School Transcript Request Form

Name: _____

Please include both your maiden and married names, if applicable.

Date of Request: _____

Graduation Year: _____

If you did not graduate, please note your dates of attendance.

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Send Transcript To: _____

Signature

Return this form to:
Canajoharie High
School School
Counseling Office 136
Scholastic Way
Canajoharie, NY 13317
Fax (518) 673-8116