

ALBANY HIGH SCHOOL
Office of the Registrar
700 Washington Avenue • Albany, New York 12203 • 518-475-6300
City School District of Albany

Transcript Request
Fax: 518-475-6301 Email: aperkins@albany.k12.ny.us

Name: _____
Last First MI

Maiden Name: _____ D.O.B.: ____/____/____

Telephone Number: _____

Email Address: _____

Date Diploma Received: ____/____/____

Date Left Albany High School: ____/____/____

School Attended (Please circle):

- | | | |
|--------------------|------------------|-------------|
| Albany High School | Phillip Schuyler | Abrookin PM |
| Harriet Gibbons | Teen Age Mothers | Abrookin AM |

Documents requested (Please circle):

- Official Transcript Immunization Records Unofficial Transcript

Send To: _____

Signature: _____

OFFICIAL USE ONLY

Date Called: ____/____/____ Date Sent: ____/____/____

Mission
Staff, students, parents, and community will work together to ensure every student will graduate within four years career-ready, college-ready and engaged citizens of our global society.