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: 518-475-6126 Email: sdifabio@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.