

# TRANSCRIPT REQUEST

CICERO-NORTH SYRACUSE HIGH SCHOOL  
6002 Route 31, Cicero NY 13039  
315.218.4003 Registrar

Please allow a minimum of  
48 hours for processing.

<i>If you attended Cicero High School or Cicero-North Syracuse High School, submit your request to:</i>	<i>If you attended North Syracuse High School, submit your request to:</i>	<i>To request 504 or Special Education (IEP) Record, submit your request to:</i>
Fax: 315.218.4185 OR Complete this form, photograph it and email to <a href="mailto:clambert1@nscsd.org">clambert1@nscsd.org</a> .	Fax: 315.218.3685 OR Complete this form, photograph it and email to <a href="mailto:ehunt@nscsd.org">ehunt@nscsd.org</a> .	Fax: 315.218.2189 OR Complete this form, photograph it and email to <a href="mailto:jwilliam9@nscsd.org">jwilliam9@nscsd.org</a> .

*Over 18? Only YOU may request your school record.  
Under 18 and a non-graduate? Your parent may request your record.*

## ***-PLEASE PRINT STUDENT/GRADUATE INFORMATION-***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Maiden/Other Names Used: \_\_\_\_\_ Year Graduated/Last Attended: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### ***Please check below all the services you are requesting:***

- Send a copy of my unofficial transcript to the email address above.
- Send a copy of my official transcript to the following address(es):

School/College/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

School/College/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

School/College/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

School/College/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

## **IMPORTANT NOTICE ~ SAT/ACT SCORES**

SAT and ACT scores are no longer included on transcripts for those who graduated after 1998.