



**Bolton Central School  
Bolton Landing, NY 12814**

# **REQUEST FOR OFFICIAL TRANSCRIPT**

**Student Name:** \_\_\_\_\_

**Please send an official transcript to the following College/University:**

**College Name:** \_\_\_\_\_

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

**Please include letters of recommendation from the following teacher(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize Bolton Central School to release the information I have requested.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**DATE RECEIVED IN GUIDANCE:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**DATE TRANSCRIPT MAILED:** \_\_\_\_\_

**MAILED BY:** \_\_\_\_\_