



## BEACON HIGH SCHOOL

101 Matteawan Road

Beacon, NY 12508

P: (845) 838-6900 ext. 3020

F: (845) 234-4059

### TRANSCRIPT REQUEST FORM

Please use blue or black ink only. Valid proof of identification is required. Please attach a copy of your photo ID (e.g., a passport or a state-issued photo ID) and the completed Student Record Request Form. The completed form and proof of identification can be sent to Beacon High School in one of three ways:

- Emailed to Mr. Bill Birnbaum, Student Records Assistant, at [birnbaum.w@beaconk12.org](mailto:birnbaum.w@beaconk12.org)
- Faxed to (845) 234-4059 (ATTN: Bill Birnbaum)
- Mailed to Beacon High School, Attn: Bill Birnbaum, 101 Matteawan Road, Beacon, NY 12508

First Name	Middle Name	Last Name
Date of Birth	Student ID (if known)	Years Attended (####-####) / Year of Graduation
Mailing Address at the Time of Graduation or Date of Last Attendance (House Number, Street, Apartment Number, City, State, Zip Code)		
Current Mailing Address (House Number, Street, Apartment Number, City, State, Zip Code)		
Telephone number	Email Address	
Type of Record(s) Requested (check all that apply) ____ Transcript    ____ Diploma    ____ Other		

Please indicate where you are requesting that the above-selected record(s) be sent:

- ☐ Sent to myself at the above-listed \_\_\_\_ EMAIL or \_\_\_\_ MAILING ADDRESS (select one).
- ☐ Sent to the following college/employer:

College/Employer Name	College/Employer Email or Mailing Address

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_