



# Alumni Transcript Request Form

## Cambridge Jr./Sr. High School

Date Received:

Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

(Please select one)

Will pick up:

Please send to address below:

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

\_\_\_\_\_

**REQUESTS – PLEASE CHECK ALL THAT APPLY:**

- \_\_\_\_\_ Official Transcript (with GPA & Rank)  
(Please select one)
- \_\_\_\_\_ Show **only highest** recorded regents scores
- \_\_\_\_\_ Show **all** recorded regents scores
- \_\_\_\_\_ Standardized Testing Results (All applicable SAT, ACT & AP Scores)
- \_\_\_\_\_ School Immunization Records

**Please release the above named requests to the college address listed above:**

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

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