

SHELTER ISLAND U. F. S. D.

P.O. Box 2015 – 33 North Ferry Road
Shelter Island, New York 11964
Phone: 631.749.0302, 111 FAX: 631.749.1262

Shelter Island High School Transcript Request Form

Name *(please print include maiden name)*

Date of Birth: _____

Class of: _____ or Last Date Attended: _____

Date of Request: _____

Phone Number email address: _____

Name & address where transcript is to be mailed:

1. _____ 2. _____

I will pick up the transcript (please allow 72 hours)

Signature

Date

NOTE: Transcripts cannot be faxed