Bay Shore Union Free School District
Bay Shore, NY 11706

Directions for Requesting a Transcript

A parent can request a transcript for their child if the student has not graduated and is under the age of 18. **If the student has graduated or is over the age of 18, he/she must make the request for information and sign the request form.**

To make the request, you can:

Fax the transcript request to: 631–968–1182

\[ or \]

Mail the transcript request to:
Bay Shore High School Guidance Dept.
155 Third Avenue
Bay Shore, NY 11706

\[ or \]

Come in person and complete the attached transcript request form.

There is no charge for this service. The average time required for processing is 3 to 5 business days. Our archives are in another location, so research for your information might be needed.

If you have any questions, please call 631–968–1171
The average time required for processing is 3 to 5 business days

TRANSCRIPT REQUEST FORM TO BE FILLED IN BY APPLICANT
(Please print all information.)

Last Name ___________________________ First Name ___________________________
Maiden Name if Married ______________________________________________________

BIRTHDATE _____ _____ _____
Month Day Year

Graduated [ ] NO [ ] YES _____ _____ Withdrew: _____ _____
Month Year Month Year

Documents other than transcript (e.g., immunizations, SAT scores, etc.)______________________________

__________________________________________________________________________________

I would like you to send the transcript to:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Transcripts mailed to yourself will be stamped “Unofficial Student Copy”

Applicant’s Address ________________________________________________________________
__________________________________________________________________________________
Telephone # __________________

Signature of Applicant ___________________________ Date __________________