

Canajoharie High School Transcript Request Form

Name: _____
Please include both your maiden and married names, if applicable.

Date of Request: _____

Graduation Year: _____
If you did not graduate, please note your dates of attendance.

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Send Transcript To:

Signature

Return this form to:
Canajoharie High School
School Counseling Office
136 Scholastic Way
Canajoharie, NY 13317
Fax (518) 673-8116