## Hadley-Luzerne High School 273 Lake Avenue

## Lake Luzerne, New York 12846

Phone (518) 696-2112 • CEEB 332745 • Fax (518) 696-2356

Beecher T. Baker, Sr. Principal



David E. Scanlan School Counselor

## **Transcript Request**

Transcript requests	must be signed by the student. All	information must be provided. Please print
Student Name:		
Maiden/former Nai	me (if applicable):	
Social Security #:	<del>-</del>	
Current Address:		
Daytime Phone:		
Did you graduate f	rom Hadley-Luzerne High School	!? Yes / No
Student Signature:		
Send Transcript	<b>To:</b> (Please complete a separate for	orm for each request)
College, Department	t, Person, Employer	
Mailing Address		
City, State, Zip		
Mail this form to:	Guidance Office Hadley-Luzerne High School	OR: Fax to: 518-696-2356

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PLEASE NOTE: We cannot accept telephone or e-mail requests