

*Thousand Islands High School  
 Transcript Request Form  
 8481 County Route 9  
 PO Box 100  
 Clayton, New York 13624  
 (315)686-5594 ext. 5401, fax (315)654-5039*

*NOTE: If mailing request, please print legibly*

First Name:				Last Name (at time of graduation):			
Address:				City:			
State:		Zip code:		Phone number:			
Year of Graduation:							
Were you an August graduate?				Were you a Community School graduate?			
YES		NO		YES		NO	
Complete address to send transcript to:				Contact Information:			
Notes:							
Signature:				Date of Request:			