

SMITHTOWN CENTRAL SCHOOL DISTRICT

Joseph M. Barton Building
26 New York Avenue
Smithtown, New York 11787

REQUEST FOR TRANSCRIPT/MEDICAL RECORDS

Student's Name At Graduation

Student's Date of Birth

School Attended

Year of Graduation

Records Requested:

Official Transcript

Transcript will be mailed in a sealed envelope with the District stamp across the back. Please provide the full name and mailing address of the college, Government Agency, or Employer.

Unofficial Transcript

Transcript will be emailed. Please provide the full email address of the recipient.

Medical Record

Recipient Name, Mailing Address or Email Address:

Your Name / Affiliation with the Student

Your Reach Number ***and*** Email Address

MAIL OR EMAIL COMPLETED FORM TO:
Smithtown Central School District
26 New York Avenue
Smithtown, NY 11787
Email: registration@smithtown.k12.ny.us

**Requests are Honored as Quickly as Possible in the Order they are Received (Generally within 10 Business Days)