



**Albany Leadership Charter High School for Girls  
Transcript Request Form**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_

Dates Attended ALH: From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate from Albany Leadership? (please check one): Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

I will pick up my transcript in the main office (please check one): Yes: \_\_\_\_\_ No: \_\_\_\_\_

I need an official transcript mailed to (please include college/company/other name and COMPLETE mailing address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form can be mailed or faxed to:

Albany Leadership Charter High School for Girls  
19 Hackett Boulevard  
Albany, NY 12208

Fax: 518-694-5307

Please call the main office with any questions at: 518-694-5300

**PLEASE ALLOW 7 BUSINESS DAYS FOR PROCESSING OF TRANSCRIPT REQUESTS**

For Office Use:

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_