

JASPER-TROUPSBURG CENTRAL SCHOOL

HOME OF THE WILDCATS

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7-12 Building Principal

LeeAnne C. Herold
Elementary School Principal

Melinda Morgan, District Clerk

TRANSCRIPT REQUEST

Date of Request: _____

All transcript requests must be filled out and mailed or faxed to the school for processing. Processing may take up to two weeks from the date of receipt, so please plan accordingly.

Please fill out and mail or fax to:

Jasper-Troupsburg Central School
Attention: Guidance Office
3769 State Route 417
Jasper, NY 14855
Fax: (607)792-3749

Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Year of Graduation: _____

Please circle one:

I graduated from: Jasper Troupsburg Jasper-Troupsburg

Please send my transcript to:

College/School Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

High School Building
3769 State Rt 417
Jasper, NY 14855
607-792-3690

District Office
3769 State Rt 417
Jasper, NY 14855
607-792-3675

Elementary School Building
908 State Rt 36
Troupsburg, NY 14885
607-525-6301