



NEW ROCHELLE HIGH SCHOOL
265 CLOVE ROAD
NEW ROCHELLE, NEW YORK 10801-1247

Transcript Request

Name (when in NRHS): _____

Current Name (if different) _____

Date of Birth: _____

Year(s) of Attendance _____

Year of Graduation/Withdrawal _____

Reason for transcript:

____ College/University ____ Trade School/Union ____ Military

____ Employment ____ Other: _____

____ Self (unofficial)

Method of delivery: ____ I will take in sealed envelope ____ Please send to the following address:

As the individual about whom this information is being requested, I, hereby authorize the New Rochelle High School and New Rochelle City School District to release information in my student records. I understand that the recipient of the record(s) will use said document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act

Signature: _____ Date: _____

This form must be submitted with a copy of valid photo Identification (Drivers license, state ID, passport, visa, etc...)

Please submit this form with copy of photo ID to:

Fax: 914-576-4560

Email: transcripts@nredlearn.org

Mail: Registrar's Office New Rochelle High School 265 Clove Road New Rochelle NY 10801