



**QUEENS GATEWAY TO HEALTH SCIENCES  
SECONDARY SCHOOL**

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**REQUEST FOR TRANSCRIPT**

Please fill in the information below to request a transcript. The fee is \$4.00. All money orders should be made payable to Queens Gateway to Health Sciences. Cash is acceptable. **NO CHECKS.**

Your request should be made at least **one (1) day prior to pick up.** If you have any questions, please feel free to contact the school at (718) 969-3155 ext. 1052, Ms. Parker.

**NO** telephone requests will be accepted.

Thank you.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Years attended: \_\_\_\_\_

**I have received my transcript:**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

**No. of Transcripts Received** \_\_\_\_\_

**Date Received** \_\_\_\_\_