TRANSCRIPT REQUEST FORM

Contact: Ms. Joan Carfagno jcarfag@schools.nyc.gov

1. $5.00 processing fee per transcript by money order only. (NO CASH OR CHECKS)
2. Official transcripts will be mailed to the employer or school.
3. Unofficial transcripts will be sent to location specified by person requesting transcript.
4. Please allow two weeks for transcripts to be sent. Most transcript requests will be mailed within three business days of receipt of application.
5. We will attempt to mail all “rush” requests as quickly as possible, but we cannot “same day” process any requests nor can we process requests without payment.

Today’s Date: ___ / ____ / _____

Last Name: ____________________________________ First Name: ___________________________

NAME AT TIME OF ATTENDANCE: _______________________________________________________

GRADUATION DATE: ____ / ____ / ____ (or DISCHARGE DATE: ____ / ____ / ____)

DATE OF BIRTH: ____ / ____ / ____

CURRENT ADDRESS: _________________________________________ APT #: ________________

________________________, ___________ _____________

City State Zip Code

PHONE #: (___ ___ ___) ___ ___ ___ - ___ ___ ___

TRANSCRIPT TO BE SENT TO:

1. NAME OF COLLEGE/EMPLOYER: ________________________________________________

ADDRESS: __________________________________________________

________________________, ___________ _____________

City State Zip Code

2. NAME OF COLLEGE/EMPLOYER: ________________________________________________

ADDRESS: __________________________________________________

________________________, ___________ _____________

City State Zip Code