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## TRANSCRIPT REQUEST FORM

Contact: Ms. Jessica Martinez [jmartinez54@schools.nyc.gov](mailto:jmartinez54@schools.nyc.gov)

1. Official transcripts will be mailed to the employer or school.
2. Unofficial transcripts will be sent to location specified by person requesting transcript.
3. Please allow two weeks for transcripts to be sent. Most transcript requests will be mailed within three business days of receipt of application.
4. 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Date Year

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

NAME AT TIME OF ATTENDANCE: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (or DISCHARGE DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
Street

\_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

PHONE #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Area Code

### TRANSCRIPT TO BE SENT TO:

1. NAME OF COLLEGE/EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

2. NAME OF COLLEGE/EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_, \_\_\_\_\_  
City State Zip Code