

First Name

Section 1: Biographical Information

New York City Department of Education Student Records Request Form

Last Name

(Updated November 2014)

Please use blue or black ink only. Valid proof of identification is required. A family member of a student under the age of 18, and who is not the parent or guardian of the student, must provide both proof of identification and written consent signed by the parent or guardian, authorizing release to him/her. If the student is over the age of 18, the consent form must be signed by the current or former student. Please allow up to ten (10) business days for processing. Proof of familial relationship may also be necessary, if information confirming the relationship is not present in the student's records.

Middle Name

Date of Birth	N	IYCDOE Student ID (9-digit)		
Mailing Address (House Nur	mber, Street, Apartment Number)			
City	_	State	Zip Cod	de
Telephone Number		Email Address		
Section 2: High Scho				
Name of Last NYC High Sch	nool Attended			
School Address				
District Number	Borough	School Number	Is this school still one)	
Years of Attendance	Type of Records Requested (circle all that apply)		YES NO Did you graduate from this NYC high school? (circle one)	
	TRANSCRIPT	REGISTRATION	YES	NO
Section 3: Signate		otudostio undos 10 ugas of o	are the forms moueth	an aiguna d
	oy an individual age 18 or older. If	student is under 18 years of a	ge, the form must b	e signed

¹ The consent form can be found in the <u>Chancellor's Regulation A – 820</u>.