**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**