



Request For Record(s) *Print or type information clearly.*

Date: ____/____/20__

Last Name: _____

First Name: _____

Maiden Name: _____

(Name before you got married)

Phone #: _____ / _____ / _____

Address: _____

City _____ State ____ Zip Code _____

Date of Birth: ____/____/_____

Dates of Attendance: from ____/____/____ to ____/____/____ or Currently on Register ____

Date of Graduation ____/____/____ or Date of Discharge ____/____/____

Please check requested documents:

___ **Official Transcript** - Sent directly to the college/school - \$ 3.00

___ **Unofficial Transcript** - Sent directly to the student - \$ 3.00 **(No charge if ordering an official transcript)**

___ **Official Graduate Letter** Certifying Graduation (in lieu of copy of diploma) - \$ 2.00

___ **Discharge Papers** B discharge letter, transcript & immunization - No Charge

___ **Immunization History** (If attended this school after September 1980) - No Charge

___ **Transfer Papers** to attend another New York City high school - No Charge

___ **Transfer Papers** to attend a school outside of NYC or a non-public H.S. - No Charge

Enclose your request and any monies:

Please send the above-checked request(s) to: Grover Cleveland High School
Attn: Records Office
21-27 Himrod Street
Ridgewood, NY 11385

FOR OFFICIAL TRANSCRIPT REQUESTS ONLY:

Name of College/School: _____

Attention: Admissions Office/Registrars Office

Address: _____ City _____ State ____ Zip Code _____

UNOFFICIAL TRANSCRIPTS CAN BE SENT TO THE STUDENT

ALL OTHER REQUESTS, PLEASE MAIL TO:

Name: _____

Address: _____ City _____ State ____ Zip Code _____