

# HIGH SCHOOL TRANSCRIPT REQUEST FORM

Name student used while in school (e.g. maiden name of female student):

\_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ middle

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM DD YYYY

Last year in attendance: \_\_\_\_\_ Did student graduate? ( ) Yes ( ) No

Any additional instructions?

\_\_\_\_\_

Address where transcript is to be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number where you can be reached: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Student Signature (current name used) Date

Mail requests along with a \$5.00 check or money order to:

Greater New York Academy  
Attn: Registrar  
41-32 58 Street  
Woodside, NY 11367

**Request must include a copy of your valid DRIVER'S LICENSE or STATE ID CARD.**

**TRANSCRIPTS WILL BE MAILED. NO TRANSCRIPTS WILL BE FAXED.**