

New York City Department of Education Student Records Request Form

(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 consent¹ 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.

	phical Information				
First Name	Middle Name	La	ast Name		
Date of Birth		NYCDOE Student ID (9-	digit)		
Mailing Address (House N	ımber, Street, Apartment Number)				
Maining Address (Flouse No	imber, otreet, Apartment Number)				
City	State	State		Zip Code	
Telephone Number		Email Address			
relephone Number		Email Address			
Section 2: High S	School Information				
Name of Last NYC High Sch					
School Address					
School Address					
	Borough	School Number	Is this school still o	ppen? (select	
	Borough	School Number	Is this school still o	ppen? (select	
District Number	Borough Type of Records Requested (circ		one) YES Did you graduate f	NO	
District Number			one) YES Did you graduate f high school? (sele	NO	
District Number	Type of Records Requested (circ	le all that apply)	One) YES Did you graduate f high school? (sele	NO rom this NY(
District Number Years of Attendance	Type of Records Requested (circ	le all that apply)	One) YES Did you graduate f high school? (sele	NO rom this NY(
District Number Years of Attendance Section 3: Signatu	Type of Records Requested (circ	le all that apply) REGISTRATION	one) YES Did you graduate f high school? (sele	NO rom this NY(ct one) NO	
District Number Years of Attendance Section 3: Signature	Type of Records Requested (circ TRANSCRIPT Ire y an individual age 18 or older. If	le all that apply) REGISTRATION	one) YES Did you graduate f high school? (sele	NO rom this NY(ct one) NO	
District Number Years of Attendance Section 3: Signature Form must be signed by the student's parent	Type of Records Requested (circ TRANSCRIPT Ire y an individual age 18 or older. If	le all that apply) REGISTRATION	one) YES Did you graduate f high school? (sele	NO rom this NY(ct one) NO	
School Address District Number Years of Attendance Section 3: Signature Form must be signed by the student's parent Signature	Type of Records Requested (circ TRANSCRIPT Ire y an individual age 18 or older. If	le all that apply) REGISTRATION	one) YES Did you graduate f high school? (sele YES) rs of age, the form mus	NO rom this NYC ct one) NO	

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