***ROOSEVELT HIGH SCHOOL***

Guidance Office ♦ 1 Wagner Avenue ♦ Roosevelt, NY 11575

Phone: (516) 345-7075 ♦ Fax: (516) 345-7257 ♦ Email: ldipietro@rufsd.org

**CHECK REQUESTED DOCUMENT(S) NEEDED:** (√)

[ ] Transcript Request or [ ] Verification Letter

[ ] Official or [ ] Unofficial

[ ] Birth Certificate ♦ [ ] Social Security ♦ [ ] Health Records

[ ] Mail (**Provide Below**) [ ] Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Pick Up

**Archive records are processed after 4:00 pm - within 5-10 DAYS**

**BEFORE 2014 FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name at the time you attended school (maiden name)**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Non-Graduate Enrollment Dates: From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ex: (555) 455-5555**

Photo ID **REQUIRED**: **If you are faxing your request, copy ID as light as possible before faxing**

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

**Date**

**Only Sign here the day of pick up**

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**MAIL TO INFORMATION (must be completed only when requesting to be mailed)**

**[ ] College [ ] Employment [ ]** **Personal**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTENTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Signature**

**Please note if you are requesting a transcript on behalf of another person, you must have a photo ID, written consent and photo ID of the individual to release records to you.**