JOHN ADAMS HIGH SCHOOL REQUEST FORM

PLEASE COMPLETE EACH ITEM ON THE FORM. MAIL ALL ITEMS TO:

JOHN ADAMS HIGH SCHOOL

ATTN: Elizabeth Danilow, RECORDS SECY OR edanilow@schools.nyc.gov

101-02 ROCKAWAY BLVD

OZONE PARK NY 11417

(718) 322-0500

DANIEL SCANLON, PRINCIPAL

PLEASE SELECT DESIRED ITEM: (ONE REQUEST PER FORM)

[ ] TRANSCRIPT [ ] PERMANENT RECORD CARD

 [ ] DIPLOMA LETTER

[ ] ATTENDANCE LETTER (former students only)

STUDENT INFORMATION AT TIME OF ATTENDANCE (PLEASE PRINT)

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRAD/DISCH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT INFORMATION(PLEASE PRINT) EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AN APPROPRIATE FORM OF IDENTIFICATION MUST BE ATTACHED TO THE REQUEST

FORM (i.e., Drivers License or State Identification). INCOMPLETE FORMS OR FORMS MISSING ATTACHMENTS WILL NOT BE PROCESSED.

TELL US WHERE YOU WANT THE SELECTED ITEM(S) SENT. PLEASE NOTE OFFICIAL TRANSCRIPTS CAN ONLY BE MAILED TO COLLEGES.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:

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

Rev 2020-16-01