

# RECORDS REQUEST FORM FOR FORMER STUDENTS

John Dewey High School  
50 Avenue X  
Brooklyn, NY 11223  
Ms. Connie Hamilton, Principal

**CHECK BOXES THAT APPLY:**

- Official Transcript**  
(Official Transcripts will be in a sealed envelope & must remain in the envelope to be considered official)
  
- Unofficial Transcript
  
- Immunization Record
  
- Special Ed (IEP) Records

**\*\*\*ALL REQUESTS WILL BE COMPLETED WITHIN 5 BUSINESS DAYS\*\*\***

(You will be notified by phone when transcript is ready for pickup)

- REQUESTOR'S NAME: \_\_\_\_\_
  
- DATE OF BIRTH: \_\_\_\_\_
  
- YEAR GRADUATED: \_\_\_\_\_ IF NON-GRADUATE, DATE LAST ATTENDED \_\_\_\_\_
  
- REQUESTOR'S PHONE NUMBER(S): \_\_\_\_\_

Where Records Should be Sent:

**COLLEGE/ORGANIZATION NAME & ADDRESS**

(any transcript mailed to student will be considered "UNOFFICIAL" \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give John Dewey HS permission to release my educational data to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail or drop-off this completed form to:**

John Dewey High School  
50 Avenue X  
Brooklyn, NY 11223