

DEPARTMENT OF EDUCATION OF THE CITY OF NEW YORK

South Brooklyn Community High School

173 Conover Street

Brooklyn NY 11231

Phone: 718-237-8902 Fax: 718-422-1927



Student Records Request Form

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.

Section 1: Biographical Information		
First Name	Middle Name	Last Name
Date of Birth	NYCDOE Student ID (9-digit)	
Mailing Address (House Number, Street, Apartment Number)		
City	State	Zip Code
Telephone Number	Email Address	

Section 2: High School Information			
School Name			
School Address			
District Number	Borough	School Number	Is this school still open? (select one) YES NO
Years of Attendance	Type of Records Requested (circle all that apply) TRANSCRIPT REGISTRATION		Did you graduate from this NYC high school? (select one) YES NO

Section 3: Signature	
<i>Form must be signed by an individual age 18 or older. If student is under 18 years of age, the form must be signed by the student's parent or legal guardian.</i>	
Signature	Date

¹ The consent form can be found in the [Chancellor's Regulation A – 820](#).