

REQUEST FOR TRANSCRIPT

Mail to: RECORDS SECRETARY- Transcript Office
THE BRONX HIGH SCHOOL OF SCIENCE
75 West 205th Street
Bronx, NY 10468

1. Each transcript request costs three dollars (\$3.00) payable in money order ONLY, made out to **The Bronx High School of Science.**
2. Complete the form below for each transcript you wish sent. Please indicate your Name, date that you left Bronx Science (month & year), your school ID/OSIS number (9 digit #) and date of birth (to ensure we send the correct transcript), and your current telephone number.
3. Please send a stamped, addressed envelope prepared for mailing to the recipient.
4. Walk-in requests **cannot** be honored. We will attempt to mail all “rush” requests within one week. **We cannot process any requests without payment.**

Thank you for your understanding and cooperation

Your Name _____
Last (Print) First

Date of Attendance at Science _____ Date of Graduation _____

OSIS Number _____ DOB: _____

Telephone Number _____

Date _____ **Signature** _____

Send transcript to: (Print) _____

Please note: Official transcripts cannot be sent to student