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 five dollars ($5.00) 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) ______________________________

Other Requests (Specify)

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Please note: Official transcripts cannot be sent to student