

**Beach  
Channel  
High  
School**

DEPARTMENT OF EDUCATION  
CITY OF NEW YORK

**TRANSCRIPT REQUEST FORM**

DATE: \_\_\_\_\_

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

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

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

GRADUATION/DISCHARGE DATE:  
\_\_\_\_\_

OFFICIAL TRANSCRIPT: \_\_\_\_\_ OR UNOFFICIAL TRANSCRIPT \_\_\_\_\_

ADDRESS TO MAIL TRANSCRIPT TO:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. David Morris  
Principal

FEE: \$3 FOR ONE TRANSCRIPT \$5.00 FOR TWO TRANSCRIPTS  
\$7.50 FOR THREE OR MORE TRANSCRIPTS

NO PERSONAL CHECKS ACCEPTED, CASH OR MONEY ORDER ONLY. MAKE  
MONEY ORDER PAYABLE TO CHANNEL VIEW SCHOOL FOR RESEARCH

INCLUDE TRANSCRIPT REQUEST FORM, COPY OF PHOTO ID AND PAYMENT  
AND MAIL TO:

CHANNEL VIEW SCHOOL FOR RESEARCH  
100-00 BEACH CHANNEL DRIVE  
ROCKAWAY PARK, NY 11694  
ATTN RECORDS DEPT.