



Department of Education

Transit Tech Career & Technical Education High School
1 Wells Street, Brooklyn, NY 11208

Transcript Request Form

Please use blue or black ink only. Valid proof of identification will be required. *Please allow up to five (5) business days for processing.

Section 1: Biographical Information

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

Section 2: High School Information

Years of Attendance from _____ to _____	Year You Left School: _____ Are you a graduate of Transit Tech • yes • no	
Type of Record(s) Requested (Check all applicable): High School Transcript: • UNOFFICIAL COPY • OFFICIAL COPY		
Mail Transcript to:		
Address		
Borough	State	Zip Code
Or FAX a Copy to:		

PLEASE NOTE: Colleges usually do not accept a Transcript that is sent via FAX as an Official Copy.

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

**A family member submitting this form on a student's behalf may provide proof of relationship with the student.*

Please email your filled-in form to:

Contact Person: Ms. Pheobe Singleton

Phone #: (718) 647-5204 ext. 1195

Email: PSingleton@schools.nyc.gov