



High School for Teaching and the Professions

2780 Reservoir Avenue, Bronx, N.Y. 10468

Alvin Simpson, Principal

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New York City Department of Education Student Records Request For 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:	M.I.	Last Name:
Date of Birth:	Graduation Date (Month/Year):	OSIS #
Address (House #, Street, Apt #):		
City:		Zip Code:
Telephone #:	EMAIL :	

Section 2: Transcript Destination

Name of College/Place of Employment:		
Address:		
City:	State:	Zip Code:

Section 3: Signature

Form must be signed by an individual age 18 or older. If student is under 18 years of age, the student's parent or legal guardian must sign the form.

Number of transcripts Requested:	A student copy of the transcript will be mailed to the student.
Signature:	Date:
Mail Transcript / Pick-Up Transcript	

teachingandprofessions.org

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