



Greater New York Academy

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REGISTRAR'S OFFICE TRANSCRIPT REQUEST

STUDENT INFORMATION

Date: _____

Year of Graduation: _____

Full name: _____

Current Address: _____

Former name (if applicable): _____

Home Phone: _____

Date of Birth: _____

Cell Phone: _____

SENDING INFORMATION

Please send my transcript to the following:

Mailing Address #1:

Mailing Address #2:

Signature: _____

- No transcript can be issued unless all financial obligations to Greater New York Academy have been met.
- Processing time is 2-5 business days, not including mailing time.
- A fee of \$5 (check, cash or money order) or \$7 (debit/credit) is charged for each transcript.

OFFICE USE ONLY

Business office clearance: _____

Problem: _____

Transcript fee paid: _____

Receipt #: _____

Letter: _____

Transcript sent (date): _____

Phone call: _____

Sent by: _____