## CHRISTOPHER COLUMBUS H.S.

925 Astor Avenue, Bronx, NY 10469

Tel. 718-944-3400

Fax 718-519-1565

## LISA FUENTES, Principal

## REQUEST for TRANSCRIPT / GRADUATION LETTER / IMMUNIZATIONS

If you left Christopher Columbus H.S. more than ONE year ago, and are requesting a Transcript, Graduation Letter or your Immunization the following is required:

- 1. **Transcripts: \$4.00** charge for up to three Transcripts (\$1.00 each additional Transcript)
- 2. **Graduation Letter:** \$3.00 charge for up to three Graduation Letters (\$1.00 each additional Letter).
- 3. Immunization Records: \$3.00 charge.

Please complete the information below

Notary Seal:

- \* When paying **in person**, cash is accepted. Photo I.D. is required. This form does NOT need to be notarized if paying in person.
- \* When paying **by mail**, only Money Orders are accepted. This form must be notarized.
- \* **Faxed** requests will not be processed until payment is received. This form must be notarized.

The Dept. of Education regulation does not allow schools to issue duplicate diplomas.

rease complete the informati	on below.		
Today's Date:			
Current Name:			
Your name at time of attendar	nce at CCI	HS:	_
Date of Birth:			
Date of Graduation:		_ or Discharge:	
Phone Number:			
	If paperwo	ork is to be mailed, please provide COMPLETE mail	ing information:
	Name: _		
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PLEASE RETURN THIS FORM TO <u>RECORDS DEPT</u>. at Christopher Columbus HS

www.columbushs.org