



MCNDHS STUDENT RECORDS 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. If you are requesting student records by mail, you must have this form notarized below.

Section 1: Biographical Information

First Name	Middle Name	Last Name

Date of Birth (mm/dd/yyyy)	NYC DoE Student ID (xxx-xxx-xxx)	Telephone Number	Email Address
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Mailing Address (House Number, Street, Apartment Number)	City	State	Zip Code

Section 2: High School Information

Did you graduate from MCNDHS?	Years of Attendance at MCNDHS	Type of Record(s) Requested. Circle all applicable.
YES NO	-	TRANSCRIPT IMMUNIZATION

Section 3: Signature

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

Signature	Date

Section 4: Notarization

If you are requesting student records by mail, this form must be notarized below.

STATE OF _____ Seal

SS: _____

COUNTY OF _____

Sworn to before me this _____ day of _____, Year _____

 Notary Public

Mail Notarized Form To:
 Manhattan Comprehensive Night and Day High School
 Attn: Guidance Office, Student Records
 240 Second Avenue
 New York, NY 10002