

# LOWER EAST SIDE PREPARATORY SCHOOL

NEW YORK CITY DEPARTMENT OF EDUCATION  
145 STANTON STREET  
NEW YORK, NY 10002  
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MARTHA POLIN  
PRINCIPAL  
RENE ANAYA  
RHONDA HEUGEL  
ASST. PRINCIPALS

## RECORD REQUEST

_____	_____	_____
Last Name	First Name	Birth Date
_____		_____
Address		Apartment #
_____	_____	_____
City	State	Zip Code
_____	_____	Phone # (Optional)
Student ID #	Social Security Number (Optional)	

Indicate status:  Graduated / Date: \_\_\_\_\_  Discharged / Date: \_\_\_\_\_

Name while in attendance at LESP is different: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Request Materials:

**Transcript:**  Official  Unofficial  Foreign Transcript

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 Immunization  Graduation Letter  Discharge Letter

Other: \_\_\_\_\_

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**Mail to:** (Please print mailing label with complete name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax to:** \_\_\_\_\_ Fax #: \_\_\_\_\_

**Pick-up:**

Pick up by: \_\_\_\_\_ Date: \_\_\_\_\_

Receiver Signature

**I authorize \_\_\_\_\_ to pick up my record for me.**

Name of Mandatory

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office use only:

Completed date: \_\_\_\_\_ Initial: \_\_\_\_\_