



New York City Department Of Education  
August Martin High School  
*Anthony Cromer, Principal*



REQUEST FORM FOR TRANSCRIPT, IMMUNIZATION OR,  
LETTER OF VERIFICATION

Date: \_\_\_\_\_

Print your name as it was when you attended.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature: \_\_\_\_\_

Put a check next to the service you are requesting.

\_\_\_\_\_ Immunization Only...No fee charged  
\_\_\_\_\_ Transcript (\$3.00 MONEY ORDER) No personal checks  
\_\_\_\_\_ Letter only verifying dates of attendance-NO FEE

BOOK ACCOUNT CLEARED \_\_\_\_\_ YES \_\_\_\_\_ NO

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