



SYRACUSE CITY SCHOOL DISTRICT

Syracuse City LPN Program

573 E. Genesee Street · Syracuse, NY 13202

Phone 315·435·4150 · Fax 315·435·5875

Jaime Alicea

Interim Superintendent of Schools

Request for Official Transcript

Please print carefully:

Last Name:		First Name:		MI
Street Address:				
City		State:	Zip:	
Date of Birth	Graduation Date/Years of Attendance:			

I request that an official transcript be mailed to:

Signature: _____ Date: _____

Amount paid _____ Cash Money Order

\$5.00 fee required for **each** transcript requested.

Official transcripts mailed to individuals may not be opened. If the seal is broken, the transcript will not be considered "official."