



SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Department of Student Records

Akua A. Goodrich, Director

Student Records Request From

<i>Department Use Only</i>
Student ID: _____
<input type="radio"/> Verified ID

Student Name:	Date of Birth:
Current Name (if different):	
Current Address:	
City, State, Zip:	
Contact Phone Number(s):	

Last SCSD School Attended:		
Year of Graduation:	OR	Last Year Attended:

Please select from the following:

- Transcript (no fee)
- Immunizations (no fee)
- Other: _____
- Duplicate Diploma
 - \$5.00 without Cover
 - \$8.00 with Cover
 - (Cash or Money Order made payable to **Syracuse City School District**)

Please choose a delivery method:

- Pick up
- Email: _____
- Fax: _____
- Other: _____

Signature: _____ Date: _____

**If not student, please print name and relationship: _____