



NEW YORK CITY DEPARTMENT OF EDUCATION

CITY-AS-SCHOOL

Fred Koury Campus

Alan Y. Cheng, Principal

16 CLARKSON STREET, NEW YORK, NY 10014-4377 (212) 337-6800 FAX (212) 337-6875

CAS STUDENT RECORD 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)	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 CAS?	Years of Attendance at CAS	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 email or mail, this form must be notarized.

STATE OF _____ Seal
 SS: _____
 COUNTY OF _____
 Sworn to before me this ____ day of _____, Year _____

Notary Public

Mail Notarized Form To:
 City-As-School
 Attn: Guidance Office, Student Records
 16 Clarkson Street
 New York, NY 10014

Scan and Email Notarized Form To:
 jackieh@cityas.org (Sept – June)
 rachel@cityas.org (July – Aug)