

MURRY BERGTRAUM HIGH SCHOOL  
411 Pearl Street  
New York, NY 10038  
Tel: 212-964-9610 Ext. 163 - Fax: 212-732-6622  
Barbara Esmilla, Principal

## TRANSCRIPT REQUEST FORM

Fill out all the information below and mail or fax back to the school Attn: Record Room  
(only colleges get the Official Copy; others get a Student Copy)

\_\_\_\_\_  
(date)

**Please send a transcript of my record to:**  
*(If transcript is to be sent to a college, you MUST include the NAME AND ADDRESS of the college)*

\_\_\_\_\_  
Name of Student or College

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Student's Full Name While Attending This School

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Year of Graduation or Discharge

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

The first two transcripts are free; after that please include a \$3.00 money order (no personal checks) for EACH additional transcript requested.

**TRANSCRIPT REQUESTS WILL BE PROCESSED AS SOON AS POSSIBLE.  
PLEASE BE PATIENT. THANK YOU.**