



MILLENNIUM HIGH SCHOOL  
75 Broad Street, 13th Floor, New York, NY 10004

# Alumni Transcript Request Form

*This form is for use by MHS Alumni only.*

**INSTRUCTIONS FOR ALUMNI:** Complete this form with all requested information. Print it out, sign it and mail it with a check to: College Office, Millennium High School, 75 Broad St, 13<sup>th</sup> Floor, New York, NY 10004. The fee is **\$4 per transcript**. Checks should be payable to **Millennium High School**. Payment and signature are required for your request to be processed.

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

Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Year of Graduation from Millennium: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Official transcripts requested (quantity): \_\_\_\_\_

*Official transcripts can only be released to other institutions and organizations.*

Student transcripts requested (quantity): \_\_\_\_\_

*Student transcripts are unofficial documents released to the student.*

Total transcripts requested (quantity): \_\_\_\_\_ × \$4 per transcript = \$ \_\_\_\_\_ *(Enclose a check for this amount payable to Millennium High School)*

Please send my Millennium High School transcript:

① Addressed to: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Street: \_\_\_\_\_

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

② Addressed to: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Street: \_\_\_\_\_

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

③ Addressed to: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Street: \_\_\_\_\_

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

④ Addressed to: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Street: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICIAL USE: RECEIVED _____ PROCESSED _____ by _____
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