



New York City Department of Education

Long Island City High School

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EDUCATION VERIFICATION PROCEDURE

ALL REQUEST MUST BE SUBMITTED IN WRITING

INCLUDE THE FOLLOWING:

APPLICANT'S SIGNED AUTHORIZATION RELEASE OF RECORDS
(ELECTRONIC SIGNATURE OK)

APPLICANT'S
NAME _____

DATE OF BIRTH _____

YEAR OF GRADUATION OR YEAR DISCHARGED _____

SELF ADDRESSED STAMPED ENVELOPE

PLEASE NOTE VERIFICATIONS MAY TAKE UP TO 15 SCHOOL DAYS