



New York City Department of Education

# Long Island City High School

Vivian Selenikas, Principal

14-30 Broadway  
Long Island City, New York 11106

Tel: (718)545-7095 Fax: (718)545-2980  
Email: LICINFO@schools.nyc.gov

## TRANSCRIPT REQUEST

TODAY'S DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

\_\_\_\_\_  
(IF MARRIED, PLEASE GIVE MAIDEN NAME):

DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

GRADUATION/DISCHARGE DATE: \_\_\_\_\_

COUNSELOR NAME: \_\_\_\_\_

NAME & ADDRESS WHERE TRANSCRIPT SHOULD BE MAILED TO:

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\*\*\*PLEASE NOTE: THERE IS A \$3.00 FEE FOR EACH TRANSCRIPT. PAYMENT MAY BE MADE IN CASH OR MONEY ORDER TO, LONG ISLAND CITY HIGH SCHOOL.

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