



# Manhattan Center for Science and Math High School

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Michael Salek  
Denise Winchester

## SUMMER 2017 TRANSCRIPT REQUEST FORM

Please fill this out and enclose a \$3.00 money order payable to  
Manhattan Center. No Personal Checks! Mail to:

TRANSCRIPTS  
MCSM HS  
280 Pleasant Avenue  
New York, NY 10029

\*\*\*\*WE ARE NOT IN THE MCSM BUILDING IN JULY OR AUGUST\*\*\*\*

You may bring in person Monday through Thursday between 8:30 am and 3:30 p.m. to

**John S. Roberts Junior High School, 2351 First Avenue, Manhattan**

and tell Security Guard to direct you to Manhattan Center for Science and Math Summer School

**\*\*\*BE ADVISED THAT WE ARE UNABLE TO IMMEDIATELY PROCESS REQUESTS\*\*\***

Name at time of graduation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Month/year of graduation: \_\_\_\_\_ OSIS #if known \_\_\_\_\_

Address at time of graduation: \_\_\_\_\_

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

Name and address to whom we should send the transcript:

School personnel only below this line:

\_\_\_\_\_ Fee paid? Notes: