



CHANNEL VIEW

An Expeditionary Learning School



100-00 Beach Channel Drive
Rockaway Beach, NY 11694
(718) 634-1970 Fax (718) 634- 2896

Denise Harper-Richardson, Principal
Craig, Doris, Assistant Principal
Joseph Featherston, Assistant Principal
Maureen Powderly, Assistant Principal

Transcript Request

Date Requested: _____

Last Name: _____ **First Name:** _____

Date of Birth: _____ **Phone Number:** _____

Graduation/Discharge Date: _____

Official Transcript: _____ **Unofficial Transcript:** _____

Fee: \$3.00- One Transcript - \$5.00 Two Transcripts - \$7.50 Three or more Transcripts

NO Personal Checks – Cash or Money Order (Made out to Channel View HS)

Please allow 3-5 Business days for transcripts to be completed.

Not including holidays or when building is closed.

Signature: _____

Photo ID Must Be Provided upon Request/Pickup

If submitting VIA Phone/Fax/Email a copy of Photo ID must be attached with signed letter.