

# BRENTWOOD

UNION FREE SCHOOL DISTRICT

## RECORDS DEPARTMENT

**Jerry Cheng**  
**Records Management Officer**

Sonderling Center  
Brentwood High School  
2 Sixth Avenue  
Brentwood, NY 11717

Office Hours: 8:30AM - 2:30PM  
Phone: (631) 434-2329  
Fax: (631) 972-1405  
Email: [records@bufsd.org](mailto:records@bufsd.org)

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## HOW TO OBTAIN YOUR HIGH SCHOOL TRANSCRIPT AND IMMUNIZATION RECORDS

### *How can I obtain my High School Transcript?*

- Complete the online request form at [www.bufsd.org/records](http://www.bufsd.org/records).
- You can fax us your request to 631-972-1405.
- You can mail us a request. Just complete the attached form. Please fill in all the information requested and mail it in a business size envelope. Send to the following address:

*Brentwood High School  
Attn: Records Department  
2 Sixth Avenue  
Brentwood, NY 11717*

### *How long will it take?*

- Please allow up to five (5) working days to process your request.

### *What is the difference between an “Official Transcript” and a “Student Copy”?*

- Colleges require an “Official Transcript”, which is signed, sealed and dated.
- We can send this directly to you and/or directly to the college.
  - If we send this to you, you will receive a brown envelope, which you can open. Inside there will be a sealed white envelope marked, “Official Transcript”. Do not open this envelope. Give this to the college. There will be student copies in the brown envelope for you.
- An emailed version can also be sent directly to the college if email address is provided.

### *Is there a fee for this service?*

- There is no fee for a simple transcript request (limit-5). However, there is a fee for extensive copying of student records, in accordance with District Policy.

### *Can I obtain a copy of my High School Diploma?*

- No, we do not have copies of diplomas. However, after we verify that you have graduated, we can issue a letter stating that you have met the requirements and are a Brentwood High School Graduate.



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### REQUEST FOR STUDENT TRANSCRIPTS

(Please print and sign where indicated)

Student's Name \_\_\_\_\_  
Last (as it appears on school records)      First      Initial

Current Full Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Email Address \_\_\_\_\_

Year Graduated from B.H.S. \_\_\_\_\_ or Year Withdrawn from School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Check appropriate box(es):

Transcript (Official Copy)       Transcript (Student Copy)       Immunization

#### ENTER NAME OF SCHOOL YOU WISH TO ATTEND WITH CONTACT INFORMATION

Name of School \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Check any of the following:

Email       Mail       Fax

❖ **COPY OF PICTURE ID MUST ACCOMPANY REQUEST**

❖ **TRANSCRIPTS WILL NOT BE RELEASED TO ANYONE OTHER THAN THE STUDENT, UNLESS  
APPROPRIATELY REQUESTED IN WRITING BY THE STUDENT**

Signature \_\_\_\_\_

Date of Request \_\_\_\_\_

\*\*\* Records may take up to 5 business days to process \*\*\*

