

JOHN BOWNE HIGH SCHOOL

63-25 MAIN STREET

FLUSHING, NEW YORK 11367

“The Relentless Pursuit of Success”

Phone: (718) 263-1919
Web: www.johnbowne.org

HOWARD KWAIT, PRINCIPAL
Principal's Fax: (718) 575-4069

Date: _____

Name, when attended John Bowne: _____
(Please print: Last name, First Name)

Maiden Name, if applicable: _____

Telephone Number: _____

Present Address: _____

Date of Birth: _____

Date of Graduation: _____ Date of Discharge: _____

Signature: _____

Send Transcript to: _____

Address: _____

Transcript* Immunization Certification Letter Other

Send your transcript request form along with a \$5.00 Money order for each transcript or document requested (No cash or personal checks will be accepted) to:

John Bowne High School
Attention: Alumni Transcripts
63-25 Main Street
Flushing New York, 11367

- **Money Orders only** should be payable to **John Bowne High School**
- All request **must** be in writing. In addition you **must** enclosed a self-addressed envelope or envelopes with the forwarding addresses.
- There will be a 2-3 week period for processing alumni transcripts and other records.
- Walk-ins requests for transcripts will not be accepted.
- **All transcripts sent to former students will be UNOFFICIAL**