

Instructions for Obtaining Student Record

The Rochester City School District can provide its graduates and former students with copies of their school records. Available are high school transcripts (which include immunization records) and duplicate diplomas.

If you graduated or attended a District school **within the last seven years**, you can obtain your transcript or diploma by contacting your former school. Upon receipt of your request, the information will be mailed to you.

If you graduated or attended **more than seven years ago**, your records are available from the Rochester City School District, Student Records Department, 175 Martin Street, near Upper Falls Boulevard. ***Please note that the entrance to the building is via Hart and Martin Streets.***

Hours

Monday – Friday: 12:00 - 5:00 PM

Upon arrival, you will be asked to:

- Fill out a request form with your personal and school information
- Show photo identification
- Pay a \$4.00 service fee

If the hours of operations are inconvenient or you live out of town, please send a written request including the following information:

- Your full name (maiden name if applicable)
- Date of birth
- Copy of your photo identification
- School and year last attended
- Daytime telephone number
- Address to which information should be sent. If information is to be mailed to a college or university, include the last four digits of your social security number or college identification number
- Cash, check or money order for \$4.00, payable to the Rochester City School District.

Download these directions and complete the School Records Transaction Form attached.

Former Students, Colleges, Employment Agencies & Employers

Mail to:

Rochester City School District
Student Records Department
175 Martin Street, Room 116
Rochester, New York 14605

Upon receipt of your request, the information will be mailed to you. If you have any questions or need additional information, please call (585) 262-8523.

Agencies Providing Services for RCSD Special Education Students:

Please e-mail Theresa.Rivera@rcsdk12.org

Student Records Transaction Form

(Press Firmly)

Please Print

Current Name _____

Last

First

Middle

Name used in school: _____

Last

First

Middle

Address: _____

City _____ State _____ Zip _____

Date of Birth _____

Last Rochester public high school attended: _____

Year Graduated _____ Or Last Year Attended _____

Request: *Please check box*

High School Transcript

Duplicate Diploma

Immunization Record

Where to mail records

Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone where you may be reached: _____

There is a 4.00 service fee for transcripts, etc. Please make check payable to the Rochester City School District