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Keri Alfano, Principal

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DATE:		
To Whom It May Concern:		
 Self-addressed, stam 	der — payable to Ha ped envelope to AL	ords: rry S Truman High School L parties receiving copies of recoid to colleges & employers
The following information is no	eeded:	
Name used while attending	g Truman:	
Name now:		
Date of Birth:		
		_
Telephone number:	-	
Please check off what records	you are requesting:	
Transcript:	Imm	unization (if available)
Graduation Letter OR Letter of Discharge		Scores

ABSOLUTELY NO RECORDS WILL BE GIVEN OUT IMMEDIATELY. Please allow at least one week for processing. Thank you.