*RECORDS REQUEST FORM FOR FORMER STUDENTS*

**WEBSTER SCHROEDER HIGH SCHOOL**

**875 RIDGE ROAD**

**WEBSTER, NY 14580**

*Check Boxes That Apply:*

* **Official Transcript**

*(Official Transcripts will be in a sealed envelope & must remain in the envelope in order to be considered official)*

* **Unofficial Transcript**
* **Immunization Record**
* **Special Ed (IEP) Records \_\_\_\_\_\_\_\_\_\_\_**

IF YOU ARE LOCAL, YOU CAN PICK UP THE REQUESTED RECORDS FROM THE MAINSENTRY DESK

Please allow a **7 work day Turnaround Time for ALL** requests

* **REQUESTOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Maiden name or other name if applicable)*

* **DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **YEAR GRADUATED:\_\_\_\_\_\_\_\_\_\_\_\_ IF NOT GRADUATE, DATE LAST ATTENDED:\_\_\_\_\_\_\_\_\_\_\_**
* **REQUESTOR’S PHONE NUMBER(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **REQUESTOR’S EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Where Records Should be Sent:*

**COLLEGE / ORGANIZATION NAME & ADDRESS/EMAIL ADDRESS:**

(any transcript mailed to student will be considered “unofficial”) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***~OR~*** FAX (**UNOFFICIAL ONLY**) To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# *I give Webster Schroeder HS permission to release my educational data to the above*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

*Mail or drop off this completed form to:* **Webster Schroeder High School**

**875 Ridge Road**

**Webster, NY 14580**

**Registrar’s Office**

**OR fax to: (585) 671-7037**

**OR email to: robin\_mezzanini@webstercsd.org**