GUILDERLAND HIGH SCHOOL
COUNSELING CENTER
8 SCHOOL ROAD
GUILDERLAND CENTER, NY 12085

Request to Registrar for Transcript/Health Records

_____
Date

Authorization is hereby granted to release records held by Guilderland High School concerning the person named below:

NAME (while attending GHS)_____

CURRENT ADDRESS _____

_____

_____

CURRENT TELEPHONE # _____

DATE OF BIRTH _____

YEAR OF GRADUATION _____

_____ PICK UP

_____SEND TO: _____

_____

_____

_____

_____ OFFICIAL TRANSCRIPT ($2.00 per transcript) CASH/CHECK ONLY

_____ UNOFFICIAL TRANSCRIPT ($2.00 per transcript) CASH/CHECK ONLY

_____ HEALTH RECORDS ($2.00 per record)

_____ RECOMMENDATIONS _____
WRITTEN BY:
(No charge) _____

***Please give two week's notice when requesting a transcript or health record**

_____
Date Needed

_____
Signature (Parent or Student)

Office use only

_____ _____
Date Done By