# RECORDS REQUEST FORM

Date: _____

- RECORD REQUESTS ARE PROCESSED AS QUICKLY AS POSSIBLE. DUE TO THE LOCATION OF FILES, IT MAY TAKE UP TO TWO WEEKS FOR US TO PROCESS. PLEASE PLAN ACCORDINGLY.

- Record needed. (Please check)
  ___ TRANSCRIPT
  ___ IMMUNIZATION RECORD
  ___ OTHER _____

- Name at time of Graduation (Maiden Name, etc.) _____

- Year of Graduation/Year Left School: _____ Date of Birth: _____

- Processing Fee $1.00 _____ (check/money order payable to Averill Park High School)

- Daytime Phone Number: _____

I authorized Averill Park High School to send my record(s) to:
Mail to: _____
_____
_____

_____
SIGNATURE

Submit completed form to: Counseling Center
Averill Park High School
146 Gettle Road
Averill Park, NY 12018