

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

Request to Registrar for Transcript/Health Record(s)

Date

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

NAME (at time of attendance) _____

ADDRESS _____

TELEPHONE # _____

DATE OF BIRTH _____

YEAR OF GRADUATION _____

SEND TO: _____

FORMER STUDENTS, include applicable fees noted below. Please make checks payable to Guilderland High School. There are no fees for students currently enrolled.

_____ OFFICIAL TRANSCRIPT: \$2.00 per transcript

_____ UNOFFICIAL TRANSCRIPT: \$2.00 per transcript

_____ HEALTH RECORDS: \$2.00 per record

_____ RECOMMENDATIONS: no charge

Date Needed

Signature (Parent or Student)

Office use only

Date Done

By