

ALBION CENTRAL SCHOOL DISTRICT
324 East Avenue
ALBION, NY 14411-1697

585-589-2051 (Records Office)
585-589-2059 (Fax)

REQUEST FOR SCHOOL RECORDS

NAME: _____

MAIDEN NAME _____ BIRTHDATE: _____

Year of Graduation _____
If Non-graduate, please list last school year attended _____ to _____

CURRENT ADDRESS

I AM REQUESTING A COPY OF: [] HIGH SCHOOL TRANSCRIPT
 [] IMMUNIZATION RECORDS

[] I WILL HAND CARRY RECORDS

[] PLEASE MAIL THEM TO:

**[] \$2.00 TRANSCRIPT FEE --- Must Accompany Records Request
(no fee for immunization record)**

No charge for high school graduates for first four (4) years after June graduation from Albion Central School District.

Please make check payable to Albion Central School District. Please mail this request to Records Office at address above.

SIGNATURE _____ DATE _____