## 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 scho	ool year attended <u>to</u>
CURRENT ADDRESS	
I AM REQUESTING A COPY OF: [	] HIGH SCHOOL TRANSCRIPT ] IMMUNIZATION RECORDS
[ ] I WILL HAND CARRY RECORD	S
[ ] PLEASE MAIL THEM TO:	
	Must Accompany Records Request (no fee for immunization record)
No charge for high school graduates a Albion Central School District.	for first four (4) years after June graduation from
Please make check payable to Alb request to Records Office at addr	pion Central School District. Please mail this ess above.
SIGNATURE	DATE