

HARRISON CENTRAL SCHOOL DISTRICT
50 UNION AVENUE
HARRISON, NEW YORK 10528

Request for Transcript of Student Records

Please type or print all of the requested information on this form. Your student record is filed according to year of graduation. Please enclose a check for \$5.00 payable to the Harrison Central School District for each transcript requested. By law, we may not release an individual's records to a third party without the individual's written consent. No phone requests will be honored.

Name _____
Last First Middle Initial

Address _____
_____ City State Zip Code

Telephone # (____) _____ Social Security No. _____

Name under which the record will be found

Year of Graduation: _____

I hereby give consent for a transcript of my school records to be sent to:

Name _____

Address _____

Signature

Date

Please return this form with your check to:

Michelle Marchese Records Management Officer
marchesemi@harrisoncsd.org
Harrison Central School District
50 Union Avenue
Harrison, New York 10528