

**MANHASSET HIGH SCHOOL COUNSELING CENTER
RECORDS RELEASE REQUEST**

**Upon submitting this form, please include a clear copy of your photo identification*

Print Student Name: _____ Date of Birth: _____

Current Grade: _____ Graduate, Class of: _____

Contact Phone Number: _____ Email Address: _____

Request Type: Unofficial ____ (taken by/sent to student) Official ____ (forwarded to/3rd party)

I request the release of the following record(s) to the address/email address below:

Transcript _____ Immunization Record _____

Attendance Records _____ Other _____

Psychological Testing _____ If other, please indicate below: _____

Please mail/email **“official”** copies of my records to:

Name: _____

Address: _____

Email: _____

Please mail/email **“unofficial”** records to me at:

Address _____

Email: _____

Student Signature

Parent//Guardian Signature (if under 18)

Date

Date Received: _____

Date Processed: _____