



MIDDLETOWN CITY SCHOOLS  
REQUEST FOR STUDENT RECORDS

PLEASE PRINT THEN MAIL OR FAX OR EMAIL THIS COMPLETED REQUEST WITH A COPY OF YOUR VALID STATE ISSUED PHOTO IDENTIFICATION TO:

MIDDLETOWN CITY SCHOOLS  
ATTN: RECORDS REQUEST  
223 WISNER AVENUE  
MIDDLETOWN, NEW YORK 10940  
PHONE: (845) 326-1190 FAX: (845) 326-1220  
recordsrequest@ecsdm.org

Check which student record(s) you are looking to obtain:

Transcript \_\_\_\_\_ Need transcript stamped and sealed (Official)

Immunization \_\_\_\_\_ Other (describe below) \_\_\_\_\_

\_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Grades attended at MHS (Circle all that apply): 9 10 11 12

DOB: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

If you did not graduate from Middletown, approximate month and year you left the district:

\_\_\_\_\_

Contact number with area code: \_\_\_\_\_

Include name, fax # (if applicable), email and/or physical address of where you would like the records to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HANDWRITTEN OR CERTIFIED ELECTRONIC SIGNATURE ONLY

A valid state issue photo ID must be included with your request

***Note: Records request are processed in the order they are received. Allow a minimum of one week for processing***