WESTLAKE HIGH SCHOOL GUIDANCE DEPARTMENT

825 Westlake Drive, Thornwood, NY 10594
(914) 769-8440 / 769-8441 Fax (914) 769-0596

RECORDS RELEASE REQUEST

Birthdate: _____/_____/_____ Daytime Phone _____Year of Graduation: _____

Student's Name: _____

Current Address _____

I, _____, hereby authorize and request the following records:
(Your Name)

CHECK DOCUMENT(S) NEEDED:

❑ OFFICIAL TRANSCRIPT(S) / SEALED: For: ❑College ❑Employer ❑Other

***** Official Transcripts are in a sealed envelope. Once the seal is broken, the transcript may no longer considered Official. *****

➔ ❑ I will pick it up ***OR*** ❑Please mail to:

_____

_____

_____

_____

❑ UNOFFICIAL TRANSCRIPT for myself

➔ ❑ I will pick it up ***OR*** ❑Please mail to:

_____

_____

_____

_____

_____ Today's Date _____/_____/_____
YOUR SIGNATURE

➔ A government-issued photo ID must be supplied or records will NOT be released.
➔ A name and address must be provided or the records will NOT be released.
➔ ***PLEASE ALLOW UP TO 2 WEEKS TO PROCESS REQUESTS***.

NOTE: You may complete this form & take a photo of it along with a photo of your ID & email it to the email address below.

Completed form plus appropriate, legible ID returned to:
Mrs. Susan Pezzuti, Secretary

By Mail: Westlake High School Guidance Department
825 Westlake Drive, Thornwood, NY 10594

By Fax: 914-769-0596

By email: spezzuti@mtplcsd.org

OFFICE USE:

Request Received: _____/_____/_____

Completed: _____/_____/_____

____Mailed: _____/_____/_____

____Faxed ____Picked Up (by _____)