

WESTLAKE HIGH SCHOOL GUIDANCE DEPARTMENT

825 Westlake Drive, Thornwood, New York 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 be considered Official. *****

☐ ☐ I will pick it up **OR** ☐ Please mail to:

☐ UNOFFICIAL TRANSCRIPT for myself

☐ ☐ I will pick it up **OR** ☐ Please mail to:

YOUR SIGNATURE _____

Today's Date ____/____/____

- ☐ 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:
Ms. Amanda Perez, Secretary

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

By Fax: 914-769-0596

By email: aperez@mtplcsd.org

OFFICE USE:

Request Received: ____/____/____

Completed: ____/____/____

____ Mailed: ____/____/____

____ Faxed ____ Picked Up (by _____)