

Peru Central School Guidance/Counseling Office

AUTHORIZATION TO RELEASE OFFICIAL STUDENT TRANSCRIPT AND/OR IMMUNIZATION RECORDS

Record Requested: (Circle requested record) :

TRANSCRIPT

IMMUNIZATIONS

| Current Name & Address | | Name While Enrolled | |
|------------------------|-------------|---------------------|---------------------|
| Last Name: | First Name: | Last Name: | M: First Name: |
| Address: | | DOB: | |
| City: | State: | Zip: | Last Date Attended: |
| Phone: () | | Email: | Graduation Year: |

Please write the name and address (or addresses) where you would like a copy of your official transcript and/or immunization records sent:

Please read and sign below:

By signing this form, I authorize the Peru Counseling Office to release my official transcript and/or immunization records to each address *above*. I also certify that the record I am requesting is my own. I further understand that if I sign for another individual's record, I will be held liable.

STUDENT SIGNATURE:

_____ **Date:** _____

Please fax the completed form to: 518-643-6084

Or email: Hsilver@perucsd.org

**Or mail the completed form to: Peru High School Guidance Office
PO Box 68
17 School Street
Peru, NY 12972**

If you have any questions, please call the Guidance/Counseling Office at (518) 643-6430