

**COUNSELING DEPARTMENT  
GUILDERLAND HIGH SCHOOL  
8 SCHOOL ROAD  
GUILDERLAND CENTER, NY 12085**

**Request to Registrar for Transcript/Health Record(s)**

\_\_\_\_\_  
Date

Authorization is hereby granted to release records held by Guilderland High School concerning the person named below:

NAME (at time of attendance) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

SEND TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORMER STUDENTS, include applicable fees noted below. Please make checks payable to Guilderland High School. There are no fees for students currently enrolled.

\_\_\_\_\_ OFFICIAL TRANSCRIPT: \$2.00 per transcript

\_\_\_\_\_ UNOFFICIAL TRANSCRIPT: \$2.00 per transcript

\_\_\_\_\_ HEALTH RECORDS: \$2.00 per record

\_\_\_\_\_ RECOMMENDATIONS: no charge

\_\_\_\_\_  
Date Needed

\_\_\_\_\_  
Signature (Parent or Student)

Office use only

\_\_\_\_\_  
Date Done

\_\_\_\_\_  
By