



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

**Request to Registrar for Transcript/Health Records**

\_\_\_\_\_ Date

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

NAME (while attending GHS) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_ PICK UP

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ OFFICIAL TRANSCRIPT (\$2.00 per transcript)

\_\_\_\_\_ UNOFFICIAL TRANSCRIPT (\$2.00 per transcript)

\_\_\_\_\_ HEALTH RECORDS (\$2.00 per record)

\_\_\_\_\_ RECOMMENDATIONS \_\_\_\_\_

WRITTEN BY: \_\_\_\_\_  
(No charge) \_\_\_\_\_

**\*Please give two week's notice  
when requesting a transcript or  
health record**

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

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

Office use only

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