

ALBION CENTRAL SCHOOL DISTRICT  
324 East Avenue  
ALBION, NY 14411-1697

**REQUEST FOR SCHOOL RECORDS**

NAME: \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Year of Graduation \_\_\_\_\_

If Non-graduate, please list last school year attended \_\_\_\_\_ to \_\_\_\_\_

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

I AM REQUESTING A COPY OF:  FINAL HIGH SCHOOL TRANSCRIPT  
 TRANSCRIPT TO DATE OF LEAVING  
 SCHOOL TRANSFER RECORDS  
 IMMUNIZATION (HEALTH) RECORDS

I WILL HAND CARRY RECORDS

or

PLEASE MAIL THEM TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$2.00 TRANSCRIPT FEE --- Must Accompany Records Request**

**OTHER RECORDS – 25 cents per copy per side**

No charge for high school graduates for first four (4) years after June graduation from Albion Central School District. **Please make check payable to Albion Central School District. Please mail this request to Records Office at address above.**

SIGNATURE

DATE

Relationship:  Self  Parent  Spouse

C:\Forms\Transcript.2/2006ac