

## RECORDS REQUEST FORM FOR FORMER STUDENTS

COUNSELING CENTER  
EASTRIDGE SENIOR HIGH SCHOOL  
2350 EAST RIDGE ROAD  
ROCHESTER, NY 14622  
FAX: (585) 339-1449

OR YOU MAY SCAN THIS FORM TO: [EHS Counseling@eastiron.org](mailto:EHS_Counseling@eastiron.org)

- FORMER STUDENT'S NAME: \_\_\_\_\_  
*(Maiden name or other name if applicable)*
- DATE OF BIRTH: \_\_\_\_\_
- YEAR GRADUATED: \_\_\_\_\_ IF NOT A GRADUATE, DATE LAST ATTENDED: \_\_\_\_\_
- PHONE NUMBER: \_\_\_\_\_

- OFFICIAL TRANSCRIPTS must be mailed directly from Eastridge HS or may be picked up in the main office when ready.**

College/Organization name & address where OFFICIAL TRANSCRIPTS should be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Or would you like to receive a call to pick up your official transcript when it is ready? \_\_\_\_\_

- You may request an UNOFFICIAL TRANSCRIPT OR IMMUNIZATION RECORDS be sent directly to you or to others via mail, email, fax, or may be picked up in the main office.**

Address, e-mail address, or fax number where UNOFFICIAL TRANSCRIPT OR IMMUNIZATION RECORDS should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Special Education records such as IEP, 504 plan, or Psychological Reports may ONLY be released directly to you via mail, fax, or picked up in the Eastridge main office.**

Address, e-mail address, or fax number where Special Education Records should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I give Eastridge Senior High School permission to release my educational data to the above institution.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date