

**RIVERHEAD CENTRAL SCHOOL DISTRICT
RECORDS REQUEST FORM
Fax #631-369-6816**

Name: _____ Maiden Name: _____ Date of Birth: _____
Current Address: _____ City/State/Zip: _____

Did you graduate? **Yes** _____ **Graduation Date (month and year):** _____
 No _____ **Date Left:** _____ **Grade Level:** _____

Type of records requested:

- Transcript**
 - Official (for college or some jobs)** **Unofficial (for job or personal records)**
- Enrollment Record**
- Immunization/Health Records**
- Special Education Records**
 - IEP** **504** **Psychological Evaluations**
- Other** _____

How would you like to receive your records?

- Mail records to:**
 - Same as above**
 - Name:** _____
 - Address:** _____
 - _____
 - _____
- eMail records to:** _____
- I will pick my records up, please call when ready. Phone #** _____

Date: _____ **Signature:** _____
(sign in the presence of a Notary Public)

STATE OF NEW YORK:
 SS:
COUNTY OF SUFFOLK:

On the ____ day of _____, 20____, before me personally came _____
to me known to be the individual described in and who executed the foregoing instrument and he/she acknowledged to me that
he/she executed the same.

Notary Public