RIVERHEAD CENTRAL SCHOOL DISTRICT
RECORDS REQUEST FORM
eMail: transcripts@riverhead.net

Name: _____ Maiden Name: _____ Date of Birth: _____

Current Address: _____ City/State/Zip: _____

Phone: _____ eMail: _____

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

9/30/22