

WESTLAKE HIGH SCHOOL GUIDANCE DEPARTMENT

825 West Lake Drive, Thornwood, New York 10594
(914) 769-8440 / 769-8441 Fax (914) 769-0596

RECORDS RELEASE REQUEST

Birthdate: _____/_____/_____ Daytime Phone _____ Year of Graduation: _____

Student's Name: _____

Current Address _____

I, _____, hereby authorize and request the following records: (check documents needed)

OFFICIAL TRANSCRIPT(S)/ SEALED: For: __College __Employer __Other I will pick it up OR Please mail to:

UNOFFICIAL TRANSCRIPT for myself I will pick it up OR Please mail to:

GRADUATION VERIFICATION LETTER - verifies graduation date, years of attendance, and diploma type.
THE GUIDANCE OFFICE DOES NOT KEEP COPIES OF DIPLOMAS. TRANSCRIPTS VERIFY GRADUATION DATE.
 I will pick it up OR Please mail to:

SIGNATURE Today's Date _____/_____/_____

- ▶ A government-issued photo ID must be presented or records will NOT be released.
- ▶ A name and address must be provided or the records will NOT be released.
- ▶ Please allow up to 2 weeks to process requests.

Completed form plus appropriate, legible ID returned to:
Mrs. DeRosario, Secretary
By Mail: Westlake High School Guidance Department
825 West Lake Drive, Thornwood, NY 10594
By Fax: 914-769-0596
By Email: dderosario@mtplcsd.org

OFFICE USE:
Request Received: _____/_____/_____
Completed: _____/_____/_____
____ Mailed: _____/_____/_____
____ Faxed ____ Picked Up (by _____)