

Peru Central School Guidance/Counseling Office

AUTHORIZATION TO RELEASE OFFICIAL STUDENT TRANSCRIPT AND/OR IMMUNIZATION  
RECORDS

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All fields must be completed and signed form must be received before transcript will be released.  
Incomplete forms will not be honored.

**Please print all information clearly and accurately.**

Personal Information:

Name: \_\_\_\_\_

If attended under a different name, print name here: \_\_\_\_\_

Phone number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date last attended: \_\_\_\_\_ Graduated from Peru: Yes \_\_\_\_ No \_\_\_\_

• I give permission for my records to be released to coaches for athletic recruiting: Yes \_\_\_\_ No \_\_\_\_

I give permission for my records to be released to military recruiters: Yes \_\_\_\_ No \_\_\_\_

*Please write the address (or addresses) where you would like a copy of your official transcript and/or immunization records sent:*

_____	_____
_____	_____
_____	_____

Please read and sign below:

By signing this form, I authorize the Peru Counseling Office to release my official transcript and/or immunization records to each address above. I also certify that the record I am requesting is my own. I further understand that if I sign for another individual's record, I will be held liable.

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fax the completed form to: 518-643-6438*

Or email: [bbell@perucsd.org](mailto:bbell@perucsd.org)

Or mail the completed form to: Peru High School Guidance Office  
PO Box 68  
17 School Street  
Peru, NY 12972

If you have any questions, please call the Guidance/Counseling Office at (518) 643-6430