

Peru Central School Guidance/Counseling Office

AUTHORIZATION TO RELEASE OFFICIAL STUDENT TRANSCRIPT AND/OR IMMUNIZATION
RECORDS

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: rdurant@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