

**Peru Central School Guidance/Counseling Office**

**AUTHORIZATION TO RELEASE OFFICIAL STUDENT TRANSCRIPT AND/OR  
IMMUNIZATION RECORDS**

**Record Requested: (Circle requested record) :**

**TRANSCRIPT**

**IMMUNIZATIONS**

Current Name & Address			Name While Enrolled		
Last Name:	First Name:		Last Name:	M:	First Name:
Address:			DOB:		
City:	State:	Zip:	Last Date Attended:		
Phone: ( )		Email:	Graduation Year:		

*Please write the name and 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: [kgarren@perucsd.org](mailto:kgarren@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**