

Worcester Central School Guidance Office

198 Main Street, Worcester, NY 12197
Phone (607) 397-8785 Fax (607) 397-9454

RECORDS REQUEST

Pursuant to the Family Educational Rights and Privacy Act (FERPA), Worcester Central School requires your written authorization in order to provide your education records. Please complete this form and return it to the Guidance Office in person, by mail or by fax.

Please print carefully. Thank you for your cooperation.

Your full name _____

Your name at graduation (*if different*) _____

Date of birth ____/____/____ SSN ____-____-____

Date of graduation _____ **OR** Date GED earned _____

Record(s) requested: _____ Transcript

_____ Other (*please specify below*)

Your telephone number, in case we have a question (____) ____-_____

To whom and how should your record(s) be sent?

____ Mail to: Name _____

Address _____

____ Fax to: (____) ____-_____

Attention: _____

Your Signature (*required*) _____