Lakeland Central School District

1086 East Main Street, Shrub Oak, New York 10588

Frank Gizzo
Director of Guidance

Office: (914) 245-1700 x 39075
Fax: (914) 245-2381

STUDENT RECORDS REQUEST

Current Student Name:	
Student Name at Time of Attendance:	**Date of Birth:**
Current Home Address: ***Street:*** ***Apt. #:*** ***City, State, Zip code:***	**Phone Number:** **( )** **Email Address:**
School Name and Grade Level: *(If not currently attending a school in the district, please provide the LCSD school most recently attended.)*	
Dates Attended: **From:** **To:**	**Graduated? (please check one)** ☐ **Yes** ☐ **No**

Please check the options that apply:

☐ **I am requesting school records/transcript be released to the following school, college or agency:**
(Please include recipient's mailing and email address. Cannot be processed without a valid email address)

_____

☐ **I am requesting a school appointment for a file/record review.**

☐ **I am requesting personal copies of the following specific school records:**
(Requests for copies must be specifically itemized. Non-specific requests for copies will be returned.)

_____

Original Student Signature:_____ **Date:**_____

Parent/Guardian or Agency Signature:_____ **Date:**_____
(If student is under 18.)

FOR SCHOOL DISTRICT USE ONLY

Approved by: **Issuing Date:**

_____ _____

Frank Gizzo/Director of Guidance