



Record Release Form

Official transcripts or medical records are sent after a signed release is received from the student's legal guardian, or the student, if over eighteen years old.

Requested records (please check): Official transcript Medical records

Date: _____

Student's Name : _____ Class of: _____

(name as it appears on school records)

Address: _____

City: _____ State: _____ Zip: _____

Preferred contact phone number: _____

Preferred E-mail address: _____

Student History at 91st Street:

Grade started: _____ Year started: _____

Date of Birth: _____

If Alumna left before graduation:

Grade left: _____ Year left: _____

Name of school transferred to: _____

Name and address of where the records are to be sent:

School (if applicable): _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

E-mail address: _____

Date needed: _____ *Please allow 2 weeks processing time.*

Release requested by:

Student's parent/legal guardian? _____ Student, if 18 and older? _____ School official? _____

Signature: _____

Please Print Name: _____

Released by: _____ On: _____