



# BROCKPORT

## Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

### REQUEST FOR INFORMATION FORM

I would like to request a copy of my:

\_\_\_\_\_ High School Transcript    \_\_\_ Official                    \_\_\_ Unofficial  
(Sealed envelope)

\_\_\_\_\_ Pick Up (Please call ahead to verify transcript is ready prior to pick up, photo id is required at pickup (Due to privacy regulations only student may pick up transcript unless specified below):

\_\_\_\_\_

\_\_\_\_\_ Address to send transcript: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Enrollment Verification Letter

\_\_\_\_\_ Other: \_\_\_\_\_

My information is as follows:

Student Name: \_\_\_\_\_  
(Name at Graduation)

Parent Name & Address: \_\_\_\_\_  
(For enrollment verification letter)

Student Date of Birth: \_\_\_\_\_

Student Year of Graduation: \_\_\_\_\_  
(Required for transcript request)

**All requests received will take 5 business days for processing.**