

**MANHASSET HIGH SCHOOL COUNSELING CENTER  
RECORDS RELEASE REQUEST**

Print Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Graduate, Class of: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Request Type: Unofficial \_\_\_\_ (taken by/sent to student) Official \_\_\_\_ (forwarded to/3<sup>rd</sup> party)

I request the release of the following record(s) to the address/email address below:

Transcript	_____	Immunization Record	_____
Attendance Records	_____	Other	_____
Psychological Testing	_____	If other, please indicate below:	_____

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Please mail/email **“official”** copies of my records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Please mail/email **“unofficial”** records to me at:

Address \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent//Guardian Signature (if under 18)

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_