

# Plattsburgh City School District

## AUTHORIZATION TO RELEASE OFFICIAL STUDENT TRANSCRIPT or IMMUNIZATION RECORDS

**All fields must be completed and signed form must be received before transcript will be released. Incomplete forms will not be honored.**

*Please print all information clearly and accurately.*

### Personal Information:

Name: \_\_\_\_\_ SSN: (last four #'s) \_\_\_\_\_

If attended under a different name, print name here: \_\_\_\_\_

Phone number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date last attended: \_\_\_\_\_ Graduated from PHS: Yes \_\_\_\_\_ No \_\_\_\_\_

This request is for \_\_\_\_\_ Official Transcript \_\_\_\_\_ Immunization record

*Please print the address or Fax number to which you would like a copy of your records sent.*

_____	_____
_____	_____
_____	_____
_____	_____

### ***Please read and sign below:***

*By signing this form, I authorize the Plattsburgh City School District to release my official transcript or immunization record. I also certify that the record I am requesting to be released is my own. I further understand that if I sign for another individual's record to be released, I agree to be held liable.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **If your date of birth is 1994 or after**

Email to [grose@plattscsd.org](mailto:grose@plattscsd.org)  
Or: Mail the completed form to:

Plattsburgh High School  
1 Clifford Drive  
Plattsburgh, NY 12901

### **If your date of birth is 1993 or earlier**

Email to [cgero@plattscsd.org](mailto:cgero@plattscsd.org)  
or Mail the completed form to:

Plattsburgh City School District  
49 Broad Street  
Plattsburgh, NY 12901