

**Records Request for Former Students**

**Check all that apply:**

- Official Transcript – number of copies needed \_\_\_\_\_  
*(Official Transcripts will be in a sealed envelope and must remain in the envelope in order to be considered official)*
- Unofficial Transcript
- SAT / ACT Scores
- Health / Immunization Records
- Special Education Records

**Requestor Name:** \_\_\_\_\_  
*(Maiden or other name if applicable)*

**Requester DOB:** \_\_\_\_\_

**Graduation Year:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**College / Organization name and address where records should be forwarded:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Or fax to (\_\_\_\_)\_\_\_\_\_ to the attention of:** \_\_\_\_\_

Please complete and deliver this form along with the release to: Gates Chili High School  
Counseling Office  
1 Spartan Way  
Rochester, NY 14624

Please allow five (5) business days for processing.  
If you have questions, please contact the High School Counseling Office.

**Release of Educational Records (7240.9)**

I, \_\_\_\_\_, born \_\_\_\_\_ give Gates Chili Central  
*(First and Last Name)* *(Date of Birth)*

School District permission to release my records to any school, college, employer or military as requested. This includes educational and special education records, all college entrance exams, résumé and letters of recommendation.

**The request must be notarized in the space below in order to be valid.**

**Original signed form must be mailed or dropped off. No copies or fax will be accepted.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notary Signature:**

**This form is valid for five years from the date signed above.**