

Liverpool Student Records Request Form

(only used when requesting records to be sent directly to a former student)

Type of records being requested:

□ Immunizations/physical □ IEP/504 □ Report Cards/High School Transcript □ Other (explain)

Current First Name:	
Current Last Name:	
Full Name used when attending: Firs	st
Las	st
ear of graduation or dates of attend	lance:
Date of Birth:	
Current mailing address:	
• •	ent to your home address, the Liverpool Central School District live a written request that has been notarized.
State of New York	•
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<i>must rece</i> State of New York County of Onondaga):ss Signature:	eive a written request that has been notarized.

Requests by fax can be sent to (315) 622-7195 or via e-mail to:studentrecords@liverpool.k12.ny.us