GREECE ATHENA HIGH SCHOOL
ALUMNI RECORDS RELEASE FORM

THIS FORM CAN TAKE UP TO 5 BUSINESS DAYS TO PROCESS.

_____	_____	_____
DATE	**LAST NAME (Maiden if applicable)**	**FIRST NAME**

YEAR OF GRADUATION _____ **DATE OF BIRTH _____**
(*Or withdrawal date*)

Please check what type of transcript is being requested:

Official Transcript _____ Unofficial Transcript _____ Immunization Record_____

Send My Records To: (Include Name, E-mail or Fax Number or Address) Please PRINT

_____

_____

My signature below authorizes Greece Athena High School to send the requested records:

_____		_____	_____
Signature (if over 18)	**OR**	**Signature of Guardian**	**Phone Number**

MAIL completed form to:	**OR**	**E-MAIL completed form to:**	**OR**	**FAX completed form**
to:		Paula.Clement@greececsd.org **Phone contact: 585-966-4044**		585-581-8144

Greece Athena High School
Paula Clement
Records Office Rm 107
800 Long Pond
Rochester, NY 14612