

CLYMER CENTRAL SCHOOL
RECORDS RELEASE FORM

STUDENT NAME: _____

NAME WHILE ATTENDING CCS (if different than above): _____

DATE OF BIRTH: _____

YEAR OF GRADUATION/LEFT DISTRICT: _____

PHONE NUMBER (to reach you if we have any questions): _____

I give permission to release the following records to the organization(s) listed below:

TYPE OF RECORD (Transcript, health records, copy of a diploma, etc.)

ORGANIZATION (Include the organization's name and mailing address, email address, or fax where you would like the records sent.)

Student Signature _____

Date _____

**Completed Records Release Forms should be mailed, faxed, or emailed to the
Clymer Central School Guidance Office.**

Clymer Central School
ATTN: Guidance Office
8672 East Main Street
Clymer, NY 14724

Fax: 716-355-4467

Email: rflint@clymercsd.org