

Malone Central 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.**

Personal Information

Name: _____

If attended under a different name, print name here:

Phone number: _____ DOB: _____

Date last attended: _____ Graduated from FA: Yes _____ No _____

This request is for _____ Official Transcript _____ Immunization record

Please print the address, fax number or email address to which you would like a copy of your records sent.

Please read and sign below:

By signing this form, I authorize the Malone Central 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: _____

Fax the completed form to : 518-483-7813

Or

Email the completed form to: araville@maloneschools.org

Or

Mail the completed form to: Annie Raville

Franklin Academy

42 Husky Lane

Malone, NY 12953

