



Royalton-Hartland Central School District
54 State Street
Middleport, NY 14105

Official Records Release

Records may only be released to the requestor

Name: _____ Date: _____

Name if different than current: _____

Graduating Year/Dates of Attendance: _____ DOB: _____

*****Please indicate the official records you are requesting*****

☐ Official High School Transcript Sealed: Y / N

Request to send to: _____

Address/email address: _____

☐ Birth Certificate

☐ Immunization Records

☐ Other Official Records: (please specify)

I understand that I am requesting confidential records and am agreeing to the release of the above marked records. I understand that records can only be released to the above named and signed requestor.

Signature: _____ Date: _____

****Office Use Only****

Approved by: _____ Date: _____

Records released to: _____ Date: _____