

HOW TO REQUEST A Records Release:

- Mail or submit in-person requests to the appropriate contact in each school building:
Baker High School c/o Diana Alfonso, Registrar, 315-638-6006
Durgee J. High School c/o Christy Knaul, Guidance Secretary, 315-638-6088
Ray Middle School c/o TBA, Guidance Secretary, 315-638-6114
Elden Elementary School c/o Michelle Newvine, 315-638-6118
Van Buren Elementary School c/o Deanna Gelfuso, 315-638-6121
Reynolds Elementary School c/o Tina Abraham, 315-638-6124
McNamara Elementary School c/o Karen Szakaly, 315-638-6130
Palmer Elementary School c/o Bridget Theobald, 315-638-6127
- For mailings, please include a self-addressed, stamped envelope with the address for each institution or location you are requesting documents be sent.
- For in-person retrieval of report cards, please call ahead for expedited processing.
- A parent's (current students in grades K-12) or graduate's signature (is required)
- Requests are processed within 1-2 business days upon receipt.
- Official Transcripts normally take between 7 to 14 days to arrive at the institution/destination. (Please plan accordingly)
- **PLEASE PRINT CLEARLY!**

Please note that all transcript and report card requests need a signature before the school district can release the requested information.

A transcript mailed to a home address or picked up in person will be marked/stamped/processed as an "Unofficial" transcript. When requesting documents using this form, only one student per form.

Families with multiple district students must complete one form for each student and then submit the form to the appropriate school building that each student attends.

Medical Records and Immunizations requests for records for students beyond three years after exiting school must be made to High School Registrar. Note: As these records are stored off site please allow 2 weeks turn-around.

For Internal Use Only:

Date received: _____ Date mailed or released: _____

10/2017



Student Records Request Form

Student FName: _____ Student LName: _____
(If over 18 and parents are requesting these records then the Student must sign)

Current Name (if different): _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Last BCSD Attended: _____ Year of Graduation/Last Year Attended: _____

Please select from the following:

- Transcript
- Immunizations
- Other _____
- Duplicate Diploma

Purpose of the Record:

- School
- Work
- Other _____

Please Choose a delivery method:

- Pickup
- Email _____
- Fax _____
- Other _____
- Mail - Send with self-addressed, stamped envelope

Submit requests to: See attached instructions

Signature: _____ Date: _____