TRANSCRIPT REQUEST FORM
Tri-Valley Central School District

INSTRUCTIONS: Educational records are confidential and protected by federal law (FERPA). This form must be completed, signed, and dated by the former student (if 18 or older). Please attach a clear copy of a government-issued photo ID to verify your identity.

Section 1: Student Information

Full Legal Name (while attending school): _____
Current Legal Name (if different): _____
Date of Birth (MM/DD/YYYY): ____ / ____ / _____
Year of Graduation OR Last Year Attended: _____
Phone Number: _____
Email Address: _____

Reason for request: _____

Section 2: Delivery Instructions
Where should the transcript be sent? *(Check all that apply)*
Send Electronic Copy via Email to: _____

Mail Official Paper Copy to the following Institution/Address:

Institution/Name: _____

Street Address: _____

City, State, Zip: _____

Section 3: Verification & Authorization Signature
By signing below, I certify that I am the student named above and authorize the release of my academic records as instructed.

Student Signature: _____ Date: //_____

For Office Use Only: Date Received: _____ | ID Verified: [ ] Yes [ ] No |

Processed By: _____