

# Valley Stream Central High School District

One Kent Road  
Valley Stream, New York 11580

[www.vschsd.org](http://www.vschsd.org)

## Records Request Form

Information			
Name:		Student ID:	
DOB:		Date of Graduation/ Withdrawal	
Name of School:		Years of Attendance:	
Address: (when enrolled)			
Address: (current)			
Phone			
Email:			

### Record Request

- Permanent School Record
- Special Education Record
- Personnel Record
- Payroll Record
- Other:

Date of Request: \_\_\_\_\_

*If submitting an electronic request, you must submit a copy of your identification alongside this form to:*  
**[Districtclerk@vschsd.org](mailto:Districtclerk@vschsd.org)**

### Authorization to Release Records

I, \_\_\_\_\_, hereby attest that I am the student/guardian authorized to request this transcript. I do hereby further attest that this information is true, accurate and complete to the best of my knowledge. I understand that any falsification and/or omission may subject me to administrative, civil or criminal liability.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### To be completed by VSCHSD Employee

#### Proof of Identification Provided

- License
- Government Issued Identification
- Other:

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_