

Waterford-Halfmoon High School
125 Middletown Road, Waterford, NY 12188
(518) 237-0800
FAX (518) 687-2642
kmulligan@whufsd.org

Record Request Form

Today's Date _____

Record's needed. (Please check)

_____ TRANSCRIPT _____ IEP
_____ IMMUNIZATION RECORD _____ DISCIPLINE RECORD
_____ OTHER _____

Name at time of Graduation (Maiden Name, etc.) _____

Year of Graduation/Year Left School _____

Date of Birth _____

Processing Fee \$1.00 _____ RECEIVED

Daytime Phone Number _____

I authorize Waterford-Halfmoon High School to send my record(s) to:

Mail to: _____

Signature

***Send completed form and \$1.00 processing fee to the above address attention: Record Request.**

NOTE: RECORD REQUESTS ARE PROCESSED AS QUICKLY AS POSSIBLE. DUE TO THE VOLUME OF REQUESTS WE RECEIVE, IT MAY TAKE UP TO TWO WEEKS TO PROCESS. PLEASE PLAN ACCORDINGLY.

