



# Clymer Central School Record Release Form

Student Name: \_\_\_\_\_

Name While Attending CCS (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Graduation/Left District: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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Type of Record (transcript, health records, copy of diploma, etc.)

\_\_\_\_\_

I give permission to release the following records to the organization(s) listed below:  
(Include the organization's name, mailing address, email address, or fax where you would like  
the records sent.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requester's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18, guardian signature)

*Completed Records Release Forms should be mailed, faxed, or emailed to the Clymer Central School Guidance Office.*

Clymer Central School  
ATTN: Guidance Office  
8672 East Main St  
Clymer, NY 14724

Phone: 716-355-2020  
Fax: 716-355-4467  
email: [cmessenger@clymercsd.org](mailto:cmessenger@clymercsd.org)

