



HOLLEY CENTRAL SCHOOL DISTRICT



AUTHORIZATION FOR RELEASE OF STUDENT RECORDS FOR POST-GRADUATES

Last Name:

First Name:

Middle Initial:

Maiden Name:

Date of Birth:

Graduated: Yes/No

Year of graduation or last date of attendance:

Email address:

Phone number:

I give Holley Central School District permission to release the following:

Holley High School Final Transcript*

***Please note: For a transcript to be considered “official”, it must be sent directly from the high school to the college or workplace. An unofficial transcript can be sent to the former student.**

Send to college/work/personal email (We can send via email, fax or address):

Signature:

Date:

Please mail, fax or email the completed form back to:

Holley Central High School
Counseling Office
16848 Lynch Road
Holley, NY 14470
Fax: (585) 638-7925
Email to: KFoose@holleycsd.org

Please allow at least 5 business days for requests to be processed.