

**COMPLETE FORM
EMAIL FORM WITH
PHOTO ID TO:**

TranscriptFiles@buffaloschools.org

**REQUEST WILL NOT BE
PROCESSED WITHOUT
PHOTO ID**



Photo ID Required

BUFFALO PUBLIC SCHOOLS

**STUDENT SUPPORT SERVICES &
COMPLIANCE/ATTENDANCE SERVICES**

Buffalo, NY

Transcriptfiles@buffaloschools.org

Date: _____

APPLICATION FOR PUBLIC ACCESS TO RECORDS

STUDENT INFORMATION:

MAIDEN (LAST) NAME _____ DATE OF BIRTH: _____

CURRENT FULL NAME _____ *mm/dd/yyyy*

NAME OF SCHOOL: _____

LAST YEAR
ATTENDED:
Example: (1986)

Check
appropriate box:

GRADUATE

NON-GRADUATE

SIGNATURE OF STUDENT: _____

CURRENT MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

(Area Code) PHONE NUMBER: _____

Would you like a copy of your transcripts mailed to your current mailing address? YES NO

Who is requesting your school records?

Please PRINT mailing address AND/OR fax number (below)

Check appropriate box:

OFFICIAL RECORD *(with - Board of Education Seal)*

UNOFFICIAL RECORD *(without - Board of Education Seal)*

BUSINESS -OR- SCHOOL NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

(AREA CODE) FAX NUMBER _____

FOR OFFICE USE ONLY

Log In Date: _____

ID Verification _____

Initials _____

Initials _____