



**BUFFALO PUBLIC SCHOOLS
STUDENT SUPPORT SERVICES
TRANSCRIPT REQUEST(S) – 716.816.4021**

Complete form & email w/PHOTO ID to: transcriptfiles@buffaloschools.org

PHOTO ID REQUIRED! REQUESTS WILL NOT BE PROCESSED WITHOUT PROPER ID.

DATE: _____

APPLICATION FOR PUBLIC ACCESS TO RECORDS

LAST NAME (MAIDEN): _____ DATE OF BIRTH: _____
(MM/DD/YY)

CURRENT FULL NAME: _____

NAME OF SCHOOL:	LAST YEAR ATTENDED:	CHECK APPROPRIATE BOX:
_____	_____	<input type="checkbox"/> GRADUATE
_____	_____	<input type="checkbox"/> NON-GRADUATE

SIGNATURE OF STUDENT: _____

CURRENT MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

AREA CODE & PHONE #: _____ EMAIL ADDRESS: _____

WOULD YOU LIKE A COPY OF YOUR TRANSCRIPTS MAILED TO YOUR CURRENT ADDRESS? YES ☐ NO ☐

WHO IS REQUESTING YOUR SCHOOL RECORDS?

PLEASE PRINT MAILING ADDRESS AND/OR FAX # BELOW:

CHECK APPROPRIATE BOX:

OFFICIAL RECORD ☐ (WITH - Board of Education Seal)
UNOFFICIAL RECORD ☐ (WITHOUT - Board of Education Seal)

BUSINESS OR SCHOOL NAME: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
AREA CODE & FAX #: _____

FOR OFFICE USE ONLY:

LOG-IN DATE: _____
INITIALS: _____

ID VERIFICATION: _____
INITIALS: _____