

**SENECA EAST HIGH SCHOOL  
RECORDS RELEASE FORM**

Student Name \_\_\_\_\_  
(First) (MI) (Last)

Social Security Number \_\_\_\_\_  
(optional)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Graduation Date \_\_\_\_\_

I am requesting the following information/records for the above named student.

- All personally identifiable data on file.
- The following records only: (please specify)

\_\_\_\_\_  
\_\_\_\_\_

Name and address of recipient

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature (date)

\_\_\_\_\_  
Parent Signature  
(Required if student is under 18 years of age)