



**MIDDLETOWN CITY SCHOOLS
REQUEST FOR STUDENT RECORDS**

PLEASE PRINT THEN MAIL OR FAX THIS COMPLETED REQUEST WITH A COPY OF YOUR PICTURE IDENTIFICATION TO:

**MIDDLETOWN CITY SCHOOLS
ATTN: RECORDS REQUEST
223 WISNER AVENUE
MIDDLETOWN, NEW YORK 10940
PHONE: (845) 326-1190 FAX: (845) 326-1220**

YOU CAN SEND THIS FORM WITH PHOTO ID TO RECORDSREQUEST@ECSDM.ORG

Note: Records request are processed in the order they are received. Allow a minimum of one week for processing.

Check which student record(s) you are looking to obtain:

Transcript _____ Immunization _____ Other (describe below) _____

Last Name: _____ First Name: _____

Maiden Name: _____ Middle Initial: _____

Grades attended at MHS (circle all that apply): 9 10 11 12

DOB: _____ Graduation Date: _____

If you did not graduate from Middletown, approximate month and year you left the district:

Phone number with area code: _____

Cell phone number with area code: _____

Records to be sent to the following address:

Signature: _____ Date: _____

For Office Use Only:

Date request received: _____ Initials: _____

Records picked up by: _____ Date picked up: _____

Date records sent: _____ Processed by: _____