

Starpoint Central School District

Student Services Office

4363 Mapleton Road
Lockport, New York 14094

FAX (716) 210-2311

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Kimberly Gipp
Administrative Assistant
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RELEASE FORM

Note: 5 days required to process records

I hereby authorize the *Starpoint School District* to release records for:

Student Name (*if married, list maiden name*), Year of Graduation and Date of Birth

(*please print*)

to the school, university, employer listed: _____

DATE: _____

Signature of Parent/Guardian: _____
(*if under 18 years of age*)

Signature of Student: _____

Records sent could include:

Academic Transcript

(*Including ACT/SAT test scores, AP scores, etc.*)

Immunizations