



BUFFALO PUBLIC SCHOOLS

STUDENT SUPPORT SERVICES &
COMPLIANCE/ATTENDANCE SERVICES
428 City Hall ~ Buffalo, NY 14202-3375
Telephone: (716) 816-3593
Fax: (716) 851-3698

Photo ID Required

Date: _____

APPLICATION FOR PUBLIC ACCESS TO RECORDS

STUDENT INFORMATION:

MAIDEN (LAST) NAME _____ DATE OF BIRTH: _____
mm/dd/yyyy

CURRENT FULL NAME _____

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)
 OFFICIAL RECORD (without -Board of Education Seal)

BUSINESS -OR- SCHOOLNAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

(AREA CODE) FAX NUMBER _____

FOR OFFICE USE ONLY

Log In Date: _____ ID Verification _____

initials _____ Initials _____

"Putting Children and Families First to Ensure High Academic Achievement for All"