



Wantagh Union Free School District
www.wantaghschools.org

High School Guidance Office
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SECONDARY SCHOOL RECORDS RELEASE AUTHORIZATION

(Please PRINT the following information):

Full Name (as it is filed in our records): _____

Date of Birth: _____

Current Phone Number: _____

Current Email Address: _____

Current Mailing Address: _____

Did you graduate from our school district? (Please circle one) YES or NO

If YES, what year did you graduate? _____

If NO, what was the **last year** you attended Wantagh Union Free School District? _____

(Please check one or both:)

_____ Secondary School Record-Transcript

_____ Secondary School Record Immunization

I hereby authorize Wantagh Union Free School District to release my Secondary School Records to the following address (Print all full addresses below):

(PLEASE NOTE: OFFICIAL RECORDS CANNOT BE FAXED)

*Physical Signature Required

Date