

T/E



CONESTOGA HIGH SCHOOL
TREDYFFRIN/EASTTOWN SCHOOL DISTRICT
200 IRISH ROAD • BERWYN, PA 19312-1260 • 610-240-1000

STUDENT SERVICES CENTER PHONE: 610-240-1016 FAX: 610-240-1055

GRADUATE STUDENTS
REQUEST FOR RELEASE OF RECORDS

_____ Last Name First Name Middle (Maiden)

Year of Graduation: _____ OR Withdrawal Date: _____

Date of Birth: _____ Grade at Withdrawal: _____

Contact Information (Phone/Email): _____

Institution Requesting Records:

Name _____

Street Address _____

City/State/Zip _____

Name _____

Street Address _____

City/State/Zip _____

Name _____

Street Address _____

City/State/Zip _____

I authorize the release of all official records (signed/school seal) to include: name, address, parent/guardian, grade level completed, group test results, class rank, co-curricular activities, attendance, health records, psychological or special placement data, and grades to date of withdrawal.

Student Signature (required)

Date

Fee: \$5.00 per copy
Cash or Checks Accepted
All checks should be made out
to Conestoga High School.

Received: _____

Date record Sent: _____

Paid: _____