



**BUFFALO PUBLIC SCHOOLS  
STUDENT SUPPORT SERVICES  
TRANSCRIPT REQUEST(S) – 716.816.4021**  
Complete form & email w/PHOTO ID to:  
transcriptfiles@buffaloschools.org

**PHOTO ID REQUIRED!      REQUESTS WILL NOT BE PROCESSED WITHOUT PROPER ID.  
TRANSCRIPTS CAN TAKE UP TO 30 DAYS TO PROCESS**

DATE: \_\_\_\_\_

**APPLICATION FOR PUBLIC ACCESS TO RECORDS  
(PLEASE ENSURE THAT ALL INFORMATION IS ACCURATE)**

LAST NAME (MAIDEN): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(MM/DD/YY)

CURRENT FULL NAME: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ LAST YEAR ATTENDED: \_\_\_\_\_ CHECK APPROPRIATE BOX:

\_\_\_\_\_  
\_\_\_\_\_  
 GRADUATE  
 NON-GRADUATE

SIGNATURE OF STUDENT: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

AREA CODE & PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WOULD YOU LIKE A COPY OF YOUR TRANSCRIPTS MAILED TO YOUR CURRENT ADDRESS? YES  NO

**CHECK APPROPRIATE BOX:**

OFFICIAL RECORD  (WITH - Board of Education Seal)  
UNOFFICIAL RECORD  (WITHOUT - Board of Education Seal)  
CALL FOR PICK UP   
REASON FOR REQUEST  SCHOOL  WORK  OTHER \_\_\_\_\_

**Name of University, Employer or Organization Requesting Transcripts**

**Incorrect information will result in longer processing time**

**CHECK APPROPRIATE BOX:**

BUSINESS OR SCHOOL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
AREA CODE & FAX #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_