

Lackawanna City School District

Keith E. LewisSuperintendent of Schools

McKinley School Administrative Offices 245 South Shore Boulevard Lackawanna, New York 14218 Phone: 716.821.5610 Fax: 716.821.5625

Request for Records

Name:	
Phone Number:	
Maiden and/or Other Name	ə:
Date of Birth:	
Did You Graduate from La	ckawanna?
□ Yes, Y □ No	ear Graduated
Records Requested:	
□ I mmur	nent Records/Transcripts nization Records
Requested By (if different from above):	
Records to be Sent To:	
Signature:	
Return Request Form To:	Superintendent's Office Lackawanna City School District 245 South Shore Boulevard Lackawanna, NY 14218

Or Fax: 716-821-5625

*Proof of identity must be submitted at time of request for all records. If you are requesting records for an individual other than yourself, you must submit a signed release from that individual, including proof of identity, or proof of Power of Attorney.