

Cassadaga Job Corp Academy



Request for Information Form

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ Date of Birth (MM/DD/YYYY): _____

Last four digits of Social Security Number: _____

Center attended: _____ Year left Center: _____

Did you attend under a different name/maiden name? YES NO If yes, under what name? _____

Records that are being requested (PRINT): _____

Disclaimer and Signature

I acknowledge that by signing below, I am allowing Cassadaga Job Corps Academy to release specified student records.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Guardian or Executor of Student if applicable)

Please Mail or Fax to:

**Cassadaga Job Corps Academy
Records Department
8115 Glasgow Road
Cassadaga, NY 14718
Fax: (716) 595-4397**