

SENECA FALLS CENTRAL SCHOOL DISTRICT

District Offices

P.O. Box 268, 98 Clinton Street
Seneca Falls, New York 13148-1497

Jeremy Clingerman
Superintendent of Schools
(315) 568-5818
(315) 712-0535 FAX

James Bruni
Administrator of Business &
Operations
(315) 568-5874

REQUEST FOR SCHOOL RECORDS

To: _____

At: _____

Please forward school records for the following student:

Name of student: _____

Birthdate: _____

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Student enrolled on:

Name and address of school last attended:

Please forward:

- Academic Grades State Test Scores
- Attendance Records CSE Records & Psychological Evaluations (if applicable)
- Health Records Guidance/Behavior Records
- Transcript/Grades to Date Custodial/Guardianship (if applicable)
- Class Schedule (if enrolling during the school year)
- Science lab folder for Regents supported Science Classes (Pre-assessment scores should also be included)

Please send CSE Records & Psychological Evaluations:

Director of Special Services
95 Troy Street
Seneca Falls, NY 13148
(315) 568-5500 Ext. 2132 or 2133

Please send the requested information to the appropriate school:

Mynderse Academy High School (Gr. 9-12)
Seneca Falls Middle School (Gr. 6-8)
Attn.: Registrar
95 Troy Street
Seneca Falls, NY 13148
(315) 712-0519
(315) 712-0548

Elizabeth Cady Stanton Elementary School
(Gr. 3-5)
Attn: Secretary
38 Garden Street
Seneca Falls, NY 13148
315-568-5500 Ext. 4109
315-712- 0526 FAX

Frank Knight Elementary School
(Gr. K-2)
Attn.: Secretary
98 Clinton Street
Seneca Falls, NY 13148
315-568-5500 Ext. 3100
315-712- 0527 FAX

According to the Final Regulation-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools within New York State only. It states that school officials, including teachers within an educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without written consent for such release.

Signature of Parent/Guardian

Date

ADA Compliant