

RED CREEK CENTRAL SCHOOL DISTRICT



MIDDLE SCHOOL, P.O. BOX 190, RED CREEK, NEW YORK 13143

Telephone (315) 754-2070
Fax (315) 754-2077

REQUEST FOR RECORDS

Date: _____

Dear Administrator,

The following student has transferred to the Red Creek Central School District and has indicated that he/she last attended your school.

Name: _____

School: _____

DOB: _____

Address: _____

Phone: _____

Fax: _____

Please send following information, which applies to this student.

1. Transcripts of scholastic records
2. Birth certificate
3. Health and dental records
4. Standardized test results
5. Psychological reports
6. Committee on Special Education Records
7. Supplemental/Remedial program information
8. Other pertinent student records

Thank you for your cooperation.

Authorization for release of information

I authorize and request release of all scholastic, guidance, psychological, CSE, health and dental records to the Red Creek Central School District.

Signature: _____ Date: _____

Relationship: _____

