



**WHITE PLAINS CITY SCHOOL DISTRICT  
FAMILY INFORMATION CENTER**

**500 North Street  
White Plains, NY 10605  
(914) 422-2038**

**RELEASE OF STUDENT RECORDS/TRANSFER REQUEST FORM**

I, \_\_\_\_\_, parent or legal guardian of

\_\_\_\_\_  
**Student Name** **Date of Birth**

do hereby authorize the exchange of the following information between the White Plains City School District and the party listed below:

Transcript/Grades		Medical Data (including Immunizations)	
AIS Services		Psychological Data	
CSE Packet		Psychiatric Data	
Most Recent IEP		Neurological Data	
Assessment Data		Speech and Language Data	
Other:		LAB-R/NYSESLAT Data	

<b>SCHOOL/AGENCY:</b>	
Name:	
Street Address:	
City, State, Zip:	
Phone/Fax Numbers:	

**STUDENT INFORMATION:**

Student's Current Address: \_\_\_\_\_ Student's Current Grade: \_\_\_\_\_

My child currently attends: \_\_\_\_\_

Student's New Address (if applicable): \_\_\_\_\_

**REASONS FOR REQUEST:**

\_\_\_\_\_ TRANSFER to a new school. My child will not be returning to the White Plains City School District.

<u>LAST DATE OF ATTENDANCE</u> will be: _____
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**PARENT/GUARDIAN AUTHORIZATION:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please note that all materials sent to the White Plains Public Schools are subject to review and inspection by both the parents/guardians and authorized professional staff.*