



**WHITE PLAINS CITY SCHOOL DISTRICT
 FAMILY INFORMATION CENTER
 500 North Street
 White Plains, NY 10605
 (914) 422-2038**

REQUEST FOR RECORDS

I, _____, parent or legal guardian of
 _____, born on _____, do
 hereby authorize the exchange of the following information (please check below) between the
 White Plains City School District and the party listed below:

Transcript/Grades	X	Medical Data (Including Immunizations)	X
Grades 3-8 Testing	X	Psychological Data	X
AIS Services	X	Psychiatric Data	X
Most Recent IEP	X	Neurological Data	X
CSE Packet	X	Speech & Language Data	X
Assessment Data	X	NYSITELL / NYSESLAT Data	X

Name of School:
Address:
Telephone #:

&

 Signature of Parent or Legal Guardian

 Date

Please note that all materials sent to the White Plains City School District are subject to review and inspection by both the parents and authorized professional staff; and subject to FERPA (34 CFR § 99.31)