



**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)



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**REQUEST FOR RECORDS**

Yo, \_\_\_\_\_, padre/madre/apoderado de \_\_\_\_\_, nacido el \_\_\_\_\_, por la presente autorizo el intercambio de la siguiente información (marque a continuación) entre el Distrito Escolar de la Ciudad de White Plains y la parte que se enumera a continuación:

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

Nombre de Escuela:
Dirección:
Número de teléfono:

&

\_\_\_\_\_  
Firma del apoderado

\_\_\_\_\_  
Fecha:

Tenga en cuenta que todos los materiales enviados al Distrito Escolar de la Ciudad de White Plains están sujetos a revisión e inspección tanto por parte de los padres como del personal profesional autorizado; y sujeto a FERPA (34 CFR § 99.31)