

PITTSFORD CENTRAL SCHOOL DISTRICT  
PITTSFORD, NEW YORK 14534

**AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION**

Name of Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Person to Release \_\_\_\_\_ Phone: \_\_\_\_\_  
Information: Name of Principal, Registrar, etc.

\_\_\_\_\_  
Name of School, Agency, etc.

\_\_\_\_\_  
Fax:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

.....  
**Permission is given to release the records checked below:**

\_\_\_\_\_ Permanent record/transcript of grades, current report card, health record, attendance record, discipline record and additional data as determined by the school principal, or the principal's designee, as necessary and relevant to the appropriate educational programming of the student.

**These specific records in addition to all of the above:**

- \_\_\_\_\_ State Assessments
- \_\_\_\_\_ Standardized test results
- \_\_\_\_\_ Other educational testing
- \_\_\_\_\_ Grades to date of withdrawal
- \_\_\_\_\_ Your school profile explaining your grading system (ex. A+ = 95-100, A = 90-94, etc.)
- \_\_\_\_\_ Psychological testing
- \_\_\_\_\_ Individual Education if it exists
- \_\_\_\_\_ Other testing (PT, OT, Speech/Language, etc.)

**INFORMATION SHOULD BE FORWARDED TO:**

\_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Fax: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Parent or legal guardian, or student if over 18