

BLIND BROOK HIGH SCHOOL

840 King Street
Rye Brook, NY 10573
(914) 937-3600 x4200

COUNSELING DEPARTMENT
WITHDRAWAL AND RECORDS RELEASE AUTHORIZATION

Student Name

Date of Birth

Current Grade

Date of Withdrawal

Reason for withdrawal:

This student is withdrawing from Blind Brook High School and requests records to be released. Blind Brook High School is authorized to forward the following records (please check all that apply):

- Transcript of Credits Earned
- Grades at Time of Withdrawal
- Health Records
- Supplementary Records (ie: results of psychological testing, planning and placement team reports and other specialized information).

This information is to be released to the following:

School:

Attention of:

Address:

City, State, Zip:

Signature of Parent or Guardian

Date

Print Name: _____

Address: _____

City, State, Zip: _____

Return to Debra Navaretta: dnavaretta@blindbrook.org