



*Authorization for
Release of records*

I hereby request the transfer of all academic, behavioral, health and Special Education (if applicable) records of my child, _____, **from the previous school attended:**

Student name and date of birth

Name of Previous School

Address of Previous School

City, State, Zip Code

**Previous School
Phone Number**

Previous School Fax Number

Signature of Parent/Guardian

Date

Parent Phone Number

Please upload this form with your child's online enrollment or email it to me at registration@eufsdk12.org

Previous school use only. Please send records to the appropriate school

Eastchester HS
2 Stewart Pl
Eastchester, NY 10709
Attention _____

Eastchester MS
550 White Plains Rd
Eastchester, NY 10709
Attention _____

Greenvale ES
1 Gabriel Rescigno Dr
Scarsdale, NY 10583
Attention _____

Anne Hutchinson ES
60 Mill Rd
Eastchester, NY 10709
Attention _____