RED CREEK CENTRAL SCHOOL DISTRICT

HIGH SCHOOL, 6574 SOUTH STREET, P.O. BOX 190, RED CREEK, NEW YORK 13143

Telephone (315) 754-2040
Fax (315) 754-2068

REQUEST FOR RECORDS

Date: _____

Dear Administrator,

The following student has transferred to the Red Creek Central School District and has indicated that they last attended your school.

Name: _____ School: _____

DOB: _____ Address: _____

_____

Phone: _____

Fax: _____

Please send the following information, which applies to this student.

1. Transcripts of scholastic records
2. Birth Certificate
3. Health and dental records
4. Standardized test results
5. Psychological reports
6. Committee on Special Education records
7. Supplemental/Remedial program information
8. Other pertinent student records

Thank you for your cooperation.

Authorization for release of information

I authorize and request the release of all scholastic, guidance, psychological, CSE, health, and dental records to the Red Creek Central School District.

Signature: _____ Date: _____

Relationship: _____