BLIND BROOK – RYE UNION FREE SCHOOL DISTRICT
390 North Ridge Street
Rye Brook, NY 10573

REQUEST FOR STUDENT RECORDS

Please send the school records of:

Name of Student	Date of Birth	Grade

School to Release Records	Address

City, State, Zip	Contact Person

TO:

Name of School	Address

City, State, Zip

Please include:

1. Up-to-date transcript (including dates of entry/withdrawal, grading scale, all subjects and grades to date of withdrawal);
2. Any test scores, psychological, and special placement dates (learning disabled, mentally handicapped, physically impaired, etc.);
3. Current Individual Education Plan (IEP);
4. Health records (including physical & immunization record)

The Federal Register Volume 41, No. 118, Section 99.31, June 17, 1976, states:
PRIOR CONSENT FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SCHOOL OR SCHOOL SYSTEM IN WHICH THE STUDENT INTENDS TO ENROLL.

Thank you for your assistance.

Signature of Requesting Personnel	Date