

Eden Central Schools

Enrollment Office
8289 North Main Street
Eden, New York 14057



Laurie L. Gregory
Director of Educational Services

Phone (716) 992-3630
Fax (716) 992-3656

RECORD RELEASE AUTHORIZATION

I hereby authorize

(School or Agency)

(Street Address)

(City) (State) (Zip)

To release the records of

(Name) (Date of Birth)

Please include the following:

Records	Description (if applicable)	Yes or No
Academic Record		Yes or No
Psychological and Confidential Reports		Yes or No
Standardized Test Data		Yes or No
Health and Dental Records		Yes or No
Immunization Records		Yes or No
Eden Central School District to request telephone communication		Yes or No

(circle one)

These records are to be sent to:

Eden Central School District
Office of Enrollment
8289 N. Main St.
Eden, NY 14057
Fax: (716) 992-3656
registrar@edencsd.org

Approved: _____
(Signature of Parent/Guardian in presence of Notary) (Date)

NOTARY PUBLIC

Sworn to before me this _____ day of _____

Notary

Raiders Have: Respect and tolerance, Appreciation, Integrity, Determination, Empathy, Responsibility, Self-control