

ROSCOE CENTRAL SCHOOL DISTRICT
PO BOX 429
ROSCOE, NY 12776
607-498-4126
FAX: 607-498-5652

REQUEST FOR RELEASE OF RECORDS

To: Student Records Office

_____ School District

Dear Student Records Office:

_____, a former student at your school, has recently enrolled with us in grade _____. Please forward an official transcript, academic and Special Education records together with any health records, copy of birth certificate, standardized test results, attendance records and any other pertinent information that you feel will assist us in registering this child in school.

Authorization for release of these records from the parent is below.

Thank you for your anticipated cooperation.

Sincerely,

Kelly Hendrickson
School Counselor

AUTHORIZATION TO RELEASE RECORDS

I, _____ hereby authorize the sending of the requested records to the Roscoe Central School District.

Date

Signature of Parent/Guardian