



**REQUEST FOR STUDENT RECORDS**

**STUDENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**CURRENT GRADE:** \_\_\_\_\_

**DATE OF ENROLLMENT IN NWCS** \_\_\_\_\_

**NAME AND ADDRESS OF SCHOOL TRANSFERRING FROM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The above named student has enrolled in our school district. Please forward all school records including:**

- Health/Immunization Record**
- Attendance Record**
- Committee on Special Education Records**
- Remedial Reading and/or Remedial Math**
- Testing**
- Psychological**
- Report Cards**
- Transcripts**

**These records should be sent to:**

- North Warren Central School  
Elementary Division  
6110 State Rt. 8  
Chestertown, NY 12817  
Phone 518-494-3015 ext 704  
Fax 518-494-2611**
- North Warren Central School  
Guidance Department  
6110 State Rt. 8  
Chestertown, NY 12817  
Phone 518-494-3015 ext 757  
Fax 518-494-2071**
- North Warren Central School  
Student Support Services  
6110 State Rt. 8  
Chestertown, NY 12817  
Phone 518-494-3015 ext762  
Fax 518-494-2437**

**Parent / Guardian Signature:** \_\_\_\_\_

**Parental permission is no longer required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24573)**