



REQUEST FOR STUDENT RECORDS

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

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

S.S. #: \_\_\_\_\_

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:

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

These records should be sent to:

- |   |   |   |
|---|---|---|
| <input type="radio"/> North Warren Central School<br>Elementary Division<br>6110 State Rt. 8<br>Chestertown, NY 12817<br>Phone 518-494-3015 ext 704<br>Fax 518-494-2611 | <input type="radio"/> North Warren Central School<br>Guidance Department<br>6110 State Rt. 8<br>Chestertown, NY 12817<br>Phone 518-494-3015 ext 757<br>Fax 518-494-2071 | <input type="radio"/> North Warren Central School<br>Student Support Services<br>6110 State Rt. 8<br>Chestertown, NY 12817<br>Phone 518-494-3015 ext762<br>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)