



AUTHORIZATION FOR RELEASE AND TRANSFER OF STUDENT RECORDS

To:	Counselor/Registrar at _____ <small>Student's Former School</small> <small>School Address</small>
From:	Carol Eckl, District Data Coordinator, Ravenna Coeymans Selkirk CSD
Re:	The student below has enrolled in our district, with an anticipated start date of _____

Student Name: _____ Date of Birth: _____ Grade: _____

Former Address: _____
Street City, State, Zip

New Address: _____
Street City, State, Zip

Please send copies of the information checked below:

- | | |
|--|---|
| <input type="checkbox"/> Academic Records
<i>(Transcript/Report Cards/Progress Reports)</i> | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Attendance Records |
| | <input type="checkbox"/> Health Records |

to the following school:

- | | |
|--|---|
| <input type="checkbox"/> Pieter B. Coeymans Elementary
<i>66 Church Street, Coeymans, NY 12045
Phone: 518-756-5200 x4000
Fax: 518-756-9162</i> | <input type="checkbox"/> Albertus W. Becker Elementary
<i>1146 Route 9W, Selkirk, NY 12158
Phone: 518-756-5200 x5000
Fax: 518-767-2512</i> |
| <input type="checkbox"/> Ravenna Coeymans Selkirk Middle School
<i>2025 Route 9W, Ravenna, NY 12143
Phone: 518-756-5200 x3000
Fax: 518-756-1988</i> | <input type="checkbox"/> Ravenna Coeymans Selkirk High School
<i>2025 Route 9W, Ravenna, NY 12143
Phone: 518-756-5200 x 2000
Fax: 518-756-3534</i> |

Please send copies of the following CONFIDENTIAL information:

- | | |
|--|---|
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> Psychological Evaluation |
|--|---|

directly to the Director of Special Education:

*2025 Route 9W, Ravenna, NY 12143
Phone: 518-756-5200 x3033
Fax: 518-756-5280*

I hereby certify that I have been advised of the transfer of all indicated school records regarding my child. I understand that I may examine said records and request a copy.

Signature of Parent/Guardian

Date