

NAME OF LAST SCHOOL _____
 ADDRESS _____

 PHONE _____ FAX _____

**AUTHORIZATION FOR PUPIL
 RECORD RELEASE**

**WHITESVILLE CENTRAL SCHOOL
 692 MAIN STREET
 WHITESVILLE, NY 14897
 PHONE: (607) 356-3301
 FAX: (607) 356-3529**

STUDENT'S LAST NAME NAME / FIRST NAME _____
 ADDRESS _____
 PHONE _____ D.O.B. / / _____
 GRADE (CIRCLE)
 K 1 2 3 4 5 6 7 8 9 10 11 12

**I AUTHORIZE THE SCHOOL DISTRICT TO RELEASE THE AFORENOTED
 STUDENT'S RECORDS AS SPECIFIED HEREAFTER TO:**

**WHITESVILLE CENTRAL SCHOOL
 - OFFICE
 692 MAIN STREET
 WHITESVILLE, NY 14897**

RECORDS AUTHORIZED FOR RELEASE

- | | |
|---|---|
| <input type="checkbox"/> ACADEMIC RECORDS | <input type="checkbox"/> PROFESSIONAL OBSERVATIONS |
| <input type="checkbox"/> ACHIEVEMENT TESTS | <input type="checkbox"/> INDIVIDUAL EDUCATION PLANS |
| <input type="checkbox"/> INTEREST INVENTORIES | <input type="checkbox"/> REPORTS REGARDING I.E.P. |
| <input type="checkbox"/> I.Q. TESTS | <input type="checkbox"/> PERSONAL / FAMILY BACKGROUND |
| <input type="checkbox"/> HEALTH RECORDS | <input type="checkbox"/> OTHER (SPECIFY) |
| <input type="checkbox"/> ATTENDANCE RECORDS | <input type="checkbox"/> OTHER (SPECIFY) |
| <input type="checkbox"/> DISCIPLINE RECORDS | <input type="checkbox"/> ALL OF THE AFORENOTED |

FOR OFFICIAL USE ONLY

PREPARED BY _____
 DATE SENT _____
 COMMENTS _____

 SIGNATURE OF PARENT OR GUARDIAN

 SIGNATURE OF STUDENT (IF OF MAJORITY AGE)

WHITE - FOR PREVIOUS SCHOOL RECORDS YELLOW - STUDENT'S FOLDER PINK - PARENT COPY