



Phone (845) 985-2296

Michael Williams, Superintendent

Request For Records

Student's Name _____

(Grade _____ DOB _____) has enrolled in the Tri-Valley Central School District. Please forward copies of the information listed to the address(es) circled below:

- ✓ academic records
- ✓ birth certificate
- ✓ immunization records
- ✓ attendance records
- ✓ standardized testing
- ✓ health and dental records

Tri-Valley Central School
 Registration and Attendance Office
 34 Moore Hill Road
 Grahamsville, NY 12740
 (845) 985-2296 x 5405
 Fax: (845) 985-2825

Date: _____

Requesting Records From:

School: _____

Street: _____

City: _____

State/Zip: _____

Phone: _____

Fax: _____

Physician: _____

Fax: _____

✓ Psychological evaluations and special education recommendations (if any), should be sent to the address below:

Tri-Valley Pupil Personnel Services
 34 Moore Hill Road
 Grahamsville, NY 12740
 (845) 985-2296 x 5308
 Fax: (845) 985-2481

PARENTAL RELEASE STATEMENT

I hearby authorize the release of the above mentioned records to the Tri-Valley Central School.

Date

Signature of Parent/Guardian

(Parent permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, NO> 118, page 24673)