Student ID π	Student	ID	#	
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PLAINEDGE PUBLIC SCHOOLS

District Administration Building 241 Wyngate Drive, N. Massapequa, NY 11758 (516) 992-7460 FAX (516) 992-7445

REQUEST FOR RELEASE OF INFORMATION

Please fax all records to the Registrar's office at: FAX 516-992-7445

то:			
Name of Prior School Attended	F	Phone and fax #	
Street Address	City, State	Zip Code	
The following student has enrolled in	n the Plainedge P	ublic School Distric	t?
Student's Name		Date of Birth	Grade
 We would appreciate you forwarding Report cards of current year Any science labs to date Transcripts/scholastic records Standardized test scores included the standardized test scores included the scores Attendance records Health records All NYS Regents Examination of All Special Education/Section SCHOOL ATTENDING:	s including grades Iding grades 6-8 (results including	s 6-8 (if applicable) if applicable) preliminary exams	(if applicable)
School Name	en e		
Street Address	City, State		Zip Code
Thank you for your prompt considera	ation of our requ	est.	
Parent/Guardian's Signature authorizing the	release of records	- Date	