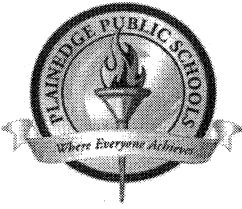


Student ID # _____



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

TO: _____
Name of Prior School Attended Phone and fax #

Street Address City, State Zip Code

The following student has enrolled in the Plainedge Public School District?

Student's Name Date of Birth Grade

We would appreciate you forwarding the following information to the registrar office:

- Report cards of current year
- Any science labs to date
- Transcripts/scholastic records including grades 6-8 (if applicable)
- Standardized test scores including grades 6-8 (if applicable)
- Attendance records
- Health records
- All NYS Regents Examination results including preliminary exams (if applicable)
- All Special Education/Section 504 records including tests and Individual Education Plans

SCHOOL ATTENDING:

School Name

Street Address City, State Zip Code

Thank you for your prompt consideration of our request.

Parent/Guardian's Signature authorizing the release of records Date