

Williamson Central School District
PO Box 900
Williamson, New York 14589

Request for Student Records

Student Name: _____ **Date of Birth:** _____

I, _____ give permission to the Williamson Central School District to obtain my child's school records from:

Previous School Name: _____

Previous School Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

The following information is requested:

- Academic Records
 - Report cards for each year Exiting grades
 - Transcript Regents Appeal paperwork (if applicable)
 - Schedule Science Labs/minutes
 - Discipline records
- Health Records including immunization dates and medical data
- Achievement, aptitude, intelligence and similar test scores and psychological evaluations
- Special Services plans and evaluations such as IEP, 504, BIP

I authorize the release of my child's records to the Williamson Central School District:

Signature of Parent/Legal Guardian (or student over 18)

Date

This request is authorized by and consistent with the Family Education and Privacy Act (Buckley Amendment). Please forward requested records to the indicated school by fax or at the above address:

_____ Williamson Elementary	Phone: (315)589-9668	Fax: (315)589-8315
_____ Williamson Middle School	Phone: (315)589-9665, ext. 3512	Fax: (315)589-8314
_____ Williamson High School	Phone: (315)589-9621, ext. 5510	Fax: (315)589-8310
_____ Williamson District Office	Phone: (315)589-9661	Fax: (315)589-7611
_____ Williamson CSE Office	Phone: (315)589-8308	Fax: (315)589-8317