

**STUDENT RECORD REQUEST**

Request for records from:

School Name: (Prior school) \_\_\_\_\_  
School Address: \_\_\_\_\_  
School City; State; Zip \_\_\_\_\_  
School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

**PERMISSION IS HEREBY GIVEN TO BROCKPORT CENTRAL SCHOOL DISTRICT  
TO RECEIVE AND/OR RELEASE INFORMATION REGARDING:**

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
GRADE LAST ATTENDED \_\_\_\_\_  
GRADUATION YEAR (if applicable) \_\_\_\_\_

**PLEASE SEND A COPY OF THE FOLLOWING:**

- PROOF OF BIRTH
- TRANSCRIPT
- ACHIEVEMENT TEST SCORES
- PSYCHOLOGICAL REPORTS AND ANY OTHER PERTINENT INFORMATION
- WITHDRAWAL GRADES
- SPECIAL EDUCATION RECORDS
- IMMUNIZATIONS & HEALTH INFORMATION
- STUDENT DISCIPLINE REPORT
- OTHER: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**DATE**