

**WATKINS GLEN CENTRAL SCHOOL DISTRICT**  
**303 12<sup>TH</sup> STREET**  
**WATKINS GLEN, NY 14891**  
**PHONE: 607-535-3290**  
**FAX: 607-535-4629**  
**E-MAIL TO SCAN: [dcrane@wgcsd.org](mailto:dcrane@wgcsd.org)**

**RELEASE OF RECORDS FORM**

Date \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

The above-named student may enroll in Watkins Glen School District. Please forward the following records at your earliest convenience to the address above.

Please Include all of the following:

- Scholastic records/transcripts of pupil's records showing subjects, marks, and credit earned.
- Grades to date of withdrawal.
- Standardized Test Scores
- Health Records
- Psychological and/or IEP If student has been evaluated.
- Any other records which should follow the student

\_\_\_ Yes \_\_\_ No (Does this student receive AIS Services?)

\_\_\_ Yes \_\_\_ No (Does this student have an IEP?)

Former School Information:

Please list below name, address, telephone number and fax number of former school attended:

\_\_\_\_\_

\_\_\_\_\_

According to the final regulations – family educational rights and privacy act dated June 7, 1976, it is no longer necessary to obtain written consent to release school records to other educational institutions. Thank you.

District, Parent/Guardian authorizations: I authorize release of this information to Watkins Glen School District in order to enroll my child in the school district:

\_\_\_\_\_

Parent/Guardian Signature