GLOVERSVILLE ENLARGED SCHOOL DISTRICT

GLOVERSVILLE, NY 12078

NOTICE TO PREVIOUS SCHOOL FOR RELEASE OF EDUCATIONAL RECORDS TO ENROLLING SCHOOL

TO: _____

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NAME OF STUDENT

_____

GRADE **DATE OF BIRTH**

THE ABOVE NAMED STUDENT HAS ENROLLED IN OUR SCHOOL. PLEASE FORWARD ALL SCHOOL RECORDS INCLUDING HEALTH, PSYCHOLOGICAL, AND OTHER PERTINENT DATA. THANK YOU FOR YOUR PROMPT ASSISTANCE.

MAIL TO:

SPECIAL NOTE

***HEALTH LAW REQUIRES IMMUNIZATIONS FOR ENTRY INTO SCHOOL.**

***BASIC REGENTS COMPETENCY TEST RESULTS ARE A REQUIRED PART OF PUPIL RECORDS.**

***PLEASE FORWARD THIS INFORMATION FOR THIS CHILD.**

I HEREBY CERTIFY THAT I HAVE BEEN ADVISED OF THE TRANSFER OF ALL SCHOOL RECORDS OF MY CHILD. I UNDERSTAND THAT I MAY EXAMINE THE RECORDS AND HAVE A COPY AT A NOMINAL COST.

_____

SIGNATURE OF PARENT OR GUARDIAN

_____

DATE