

FREWSBURG CENTRAL SCHOOL
High School Guidance Department
26 INSTITUTE STREET
FREWSBURG, NEW YORK 14738
Phone: (716) 569-7026 (Mrs. Hair)
Fax: (716) 569-7073
Return to: _____



ROBERT H. JACKSON ELEMENTARY
135 IVORY STREET
P.O. BOX 690
FREWSBURG, NEW YORK 14738
Phone: (716) 569-7031 (Mrs. Carlson)
Fax: (716) 569-7006
Return to: _____

RELEASE OF SCHOOL RECORDS

Today's Date _____

(Student's Name)

(Date of Birth)

(Grade Entering)

The above named student has enrolled in Frewsburg Central School. Please send to the address above, a transcript of his/her academic record including:

1. Grades earned during previous and current school year. Please include ***grades to date of withdrawal.***
2. Attendance Record.
3. Custody Information
4. Health Records – Including sports physicals if applicable.
5. Standardized test results – Including competency test results.
6. Chapter I/PCEN Records.
7. Individualized Education Plan if applicable.
8. Psychological Reports if applicable.
9. Screening Information
10. Gifted/Talented/Enrichment Information
11. The number of credits your school requires for graduation (if not New York State).
12. A copy of your school's grading code.

I, _____ hereby grant permission for Frewsburg
(signature of parent, guardian or student over 18)

Central School to receive scholastic, test, attendance and health records from:

Previous School District _____

Address _____

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673).