

BRUNSWICK CENTRAL SCHOOLS

BRITTONKILL

CONSENT FOR RELEASE

Date: _____

Request for records from: _____
Former School Name

School's Address

Phone Number

Fax Number

Student's Name _____ Grade _____ Date of Birth _____

To Whom It May Concern:

The above named student has enrolled in the Brunswick Central School District. Please forward all school records including ACADEMIC, HEALTH, ATTENDANCE, PSYCHOLOGICAL, SPECIAL EDUCATION AND ANY OTHER PERTINENT INFORMATION TO THE FOLLOWING ADDRESS:

Maureen Lynch
Registrar's Office
Brunswick Central Schools
3992 NY2
Troy, NY 12180
Phone: (518) 279-4600 ext. 2006
Fax: **(518) 279-4243**

E-mail: mlynch@brittonkill.k12.ny.us Anticipated to start school on _____

I hereby certify that I have been advised of the transfer of all school records of my child. I understand that all such information will be treated as confidential and privileged and used only for the purposes of giving help and guidance to persons working with my child.

Signature of Parent/Guardian

Date