

# BRUNSWICK CENTRAL SCHOOLS

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## BRITTONKILL

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### 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 the following all applicable school records as soon as possible:

STUDENT TRANSCRIPTS  
SCIENCE LABS  
COPY OF CHILD'S CURRENT SCHEDULE  
NYS TEST SCORES  
ALL REPORT CARD/EXIT GRADES  
DISCIPLINARY RECORDS  
ATTENDANCE RECORDS  
PSYCHOLOGICAL FOLDER  
SPECIAL EDUCATION AND ANY OTHER PERTINENT INFORMATION  
CUMULATIVE HEALTH RECORDS/IMMUNIZATION RECORDS/RECENT PHYSICAL EXAM

TO: Registrar's Office  
Brunswick Central Schools  
3992 NY 2  
Troy, New York 12180

Phone: (518) 279-4600 x-2006

Fax: (518) 279-4889

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