BRENTWOOD UNION FREE SCHOOL DISTRICT

A.F. FELICIO ADMINISTRATION BUILDING REGISTRATION OFFICE - 52 Third Avenue Brentwood, New York 11717 Phone: (631) 434-2301 - FAX (631) 972-1523

RELEASE OF RECORDS

DATE:	LAST DATE OF ATTENDANCE:
FORMER SCHOOL*: *School / Agency / Doctor's Office	e / Hospital
	•
PHONE #:	
CHILD'S NAME:	
DATE OF BIRTH:	GRADE:
PARENT/GUARDIAN N	AME:
PARENT/GUARDIAN S	IGNATURE:
ADDRESS:	
PHONE:	BRENTWOOD SCHOOL:
The student named above ha	as registered in our district and we would appreciate the records for this student.
standardized test scores (inc	It records regarding: social/psychiatric, psychological, I.E.P., health, academic and eluding the NYSESLAT, NYSITELL, and the LAB-R language inventories) along with on (i.e. all grades including those at the time of withdrawal).
Please include the follow	
	courses, grades and credits including 9 th grade and those earned withdrawal grades, with an explanation of grading system
	and health records (NYS requires Dr. Stamp on record).
	Education Program (I.E.P.)
	locument (i.e. Birth Certificate, Health/Immunization Records) IYSITELL, LAB-R, Test Scores, Level Placement
	Records if available.
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Thank you for your cooperation

NOTE: We will not be responsible for material sent anywhere else in the District unless sent to the above

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated 6/17/76; it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the education institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's records without consent for such release.