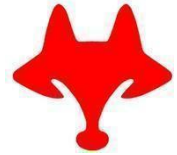




Bedford Central School District
Inspiring and Challenging Our Students
Office of Pupil Personnel Services



RELEASE OF RECORDS REQUEST
SOLICITUD DE DIVULGAR REGISTROS

Student Name: _____
(Nombre del Estudiante)

DOB: _____
(Fecha de Nacimiento)

Present Grade: _____
(Grado Actual)

I, Parent/Guardian Name _____, parent/guardian of the
above named student, authorize the release of all previous school records, including:
(Yo, nombre del padre o tutor, padre/tutor del estudiante nombrado arriba, doy consentimiento para compartir todos los registros
escolares, incluso:)

1. Previous registration information, birth certificate, physical examination, immunization records.
Información previa de registraci3n, partida de nacimiento, examen f3sico, registro de vacunas.
2. Academic transcripts including attendance and standardized testing records.
Expedientes acad3micos, incluso registros de asistencia y de ex3menes estandarizados.
3. All educational, psychological, social work, speech, language and other evaluations.
Todas las evaluaciones educacionales, psicol3gicas, del trabajo social, de habla, lenguaje, y cualquier otra evaluaci3n.
4. IEP or Section 504 Plan.
IEP o Plan de Secci3n 504.

From (De):

Previous School Attended (*Escuela que asisti3 antes*)

Street (*Calle*)

City (*Ciudad*) State (*Estado*) Zip Code (*Codigo Postal*)

Phone Number (*N3mero de Tel3fono*)

To: Kristine Connor
kconnor5136@bcsdny.org

914-241-6107- Phone
914-864-3411- Fax

Parent/Guardian Signature
(Firma del Padre/Tutor)