



GERMANTOWN CENTRAL SCHOOL DISTRICT

123 Main Street Germantown, NY 12526
Phone: 518-537-6281
Fax: 518-537-6893

AUTHORIZATION TO RELEASE STUDENT RECORDS

PLEASE PRINT CLEARLY

Student's Name: _____

Date of Birth: _____

Previous School: _____ Phone#: _____

I, _____ parent/guardian of the above named student,
authorize student records be released to the GERMANTOWN CENTRAL SCHOOL DISTRICT.

This request and authorization applies to:

- ACADEMIC RECORDS
- ATTENDANCE RECORDS
- HEALTH/IMMUNIZATION RECORDS
- STANDARDIZED TEST SCORES
- CURRENT IEP AND RECENT EVALUATIONS (if applicable)

Parent/Guardian
Signature: _____ Date: _____