



**Records Request**  
Prattsburgh Central School  
1 Academy Street  
PO Box 249  
Prattsburgh, NY 14873  
Telephone: (607) 522-3795  
Fax: (607) 522-6230

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Previous School Attended \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

\*\*\*\*\*Fill out top half of this form only\*\*\*\*\*

*The following records are requested*

- \_\_\_\_\_ Cumulative folder/Academic Records
- \_\_\_\_\_ Exit grades and Progress reports
- \_\_\_\_\_ IEP/Psychological and speech reports
- \_\_\_\_\_ Official Transcript (high school students only)
- \_\_\_\_\_ Health and immunization records
- \_\_\_\_\_ Free/Reduced Lunch Information

*Please fax records to:*  
Prattsburgh Central School  
(607) 522-6230

\_\_\_\_\_ Date \_\_\_\_\_

**Cassie Kennard**  
**Student Office Secretary**  
**(607)-522-3795**  
[Kennardc@prattsburghcsd.org](mailto:Kennardc@prattsburghcsd.org) or [Nichiporukd1@prattsburghcsd.org](mailto:Nichiporukd1@prattsburghcsd.org)

**PARENTAL PERMISSION IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONNEL. (Family Educational and Privacy Act. FINAL RULE ON EDUCATION RECORDS. Federal Register, June 17, 1976, Vol. 41, No. 118, page 14673.)**