

WATERVLIET CITY SCHOOL DISTRICT

REGISTRAR'S OFFICE

2557 10th Avenue
Watervliet, NY 12189
Phone (518)629-3204
Fax (518) 629-3250

RECORDS RELEASE

Date: _____

_____ will be registering at the Watervliet City School District
(STUDENTS NAME)

in grade _____. Please send the following records:

- Academic Records-Transcript of grades and Regents test results.
- Transfer grades for 1st, 2nd, 3rd or 4th quarter.
- Health Records (Health law requires Immunizations for entry into school).
- Scores on Standardized tests.
- Copy of science labs that are completed (High School)
- Information on Special Education/504 needs or concerns.
- CSE Classification and IEP/Psychological evaluations if applicable.
- Court papers (custody, order of protection, etc.)
- Attendance records.
- Discipline records.
- Any other information that would be of value to us.

I give permission for _____ to release the above
(Name of Prior School)

requested information concerning my child to the Watervliet City School District.

Signature: _____
(Parent/Legal Guardian)