

STUDENT RECORDS REQUEST

Date: _____

School: _____

Dear School Official:

As per Family Educational Rights and Privacy Act (34 CFR:99.31), we request the following information regarding the students listed below be sent to the address below:

STUDENT NAME: _____ D.O.B. _____ GRADE _____

STUDENT NAME: _____ D.O.B. _____ GRADE _____

STUDENT NAME: _____ D.O.B. _____ GRADE _____

- Complete transcripts
- Current schedule
- Science labs
- Cumulative records folder
- Attendance records
- Current report card
- Medical records (immunization data)
- Birth certificate
- Special Education Information
- Discipline records
- All other pertinent information

Please send or fax records to: Central Student Registration Office
Niagara Falls City School District
630 – 66th Street
Niagara Falls, NY 14304
716-286-4273 (Phone)
716-286-4240 (Fax)
Attn:Lynn Emmick

Parent Signature