

## 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 the school indicated below:

Gaskill Preparatory School  
910 Hyde Park Blvd.  
Niagara Falls, NY 14301  
716-278-5820 (Phone)  
716-278-5829 (Fax)

LaSalle Preparatory School  
7436 Buffalo Avenue  
Niagara Falls, NY 14304  
716-278-5880 (Phone)  
716-278-5899 (Fax)

\_\_\_\_\_  
Parent Signature

