

RELEASE OF INFORMATION FROM SCHOOL RECORDS

I do hereby authorize: GLENS FALLS CITY SCHOOL DISTRICT
15 QUADE STREET
GLENS FALLS, NY 12801

To RELEASE or OBTAIN all school records and information including: State Assessments, leaving grades when applicable, health and immunization records, and psychological testing* and IEP's* or 504 Plan* where applicable. (*See address below)

Student Name: _____

To or From: School System:

Address:

Signed: _____

(Parent or Guardian)

Signed: _____

(Student if 18 or over)

Date: _____ Student's Date of Birth: _____

Please return information and records to:

_____ Big Cross Elementary School
Main Office
15 Big Cross Street
Glens Falls, NY 12801
Fax: (518) 792-2668

_____ Sanford Street Elementary School
Main Office
10 Sanford Street
Glens Falls, NY 12801
Fax: (518) 793-5770

_____ Jackson Heights Elementary School
Main Office
Jackson Avenue
Glens Falls, NY 12801
Fax: (518) 798-6501

_____ Glens Falls Middle School
Guidance Office
20 Quade Street
Glens Falls, NY 12801
Fax: (518) 793-4888

_____ Kensington Road School
Main Office
Kensington Road
Glens Falls, NY 12801
Fax: (518) 793-5404

_____ Glens Falls Senior High School
Guidance Office
10 Quade Street
Glens Falls, NY 12801
Fax: (518) 792-5836

* _____ Special Education Office
10 Quade Street
Glens Falls NY 12801
Fax: (518) 793-7399