



# PLATTSBURGH CITY SCHOOL DISTRICT

District Registrar

*Plattsburgh City School District Office*

49 Broad Street

Plattsburgh, NY 12901

Ph: (518) 957-6004

Student.registration@plattscsd.org

## **REQUEST FOR RELEASE AND/OR TRANSFER OF ELEMENTARY STUDENT RECORDS**

**Attention: Principal/Records Clerk**

This is to notify you that \_\_\_\_\_, Grade \_\_\_\_ has enrolled in our school.

**Please release ALL pertinent records, including:**

- Academic Records and Recommendations
- Testing
- Health Records
- Birth Certificate
- Custody Orders (if applicable)
- NYS Science Investigations (if applicable)

STUDENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

Please FAX or E-MAIL these records ASAP to:

Thomas E. Glasgow  
Elementary

OR

Oak Street  
Elementary

OR

Arthur P. Momot  
Elementary

Kaitlyn Goodenough  
kgoodenough@plattscsd.org  
PH # (518) 563-2410  
Fax # (518) 566-7663

Cristina Sferlazza  
csferlazza@plattscsd.org  
PH # (518) 563-4950  
Fax # (518) 561-5828

Jessica Clark  
jclark@plattscsd.org  
PH # (518) 563-1140  
Fax # (518) 566-7739

Date of Request: \_\_\_\_\_

**PRINT** Parent/Guardian Name: \_\_\_\_\_

**Signature** of Parent/Guardian: \_\_\_\_\_

**Please Note:** As of September 1980, Federal Law 99.31 specified that no parental signature is required for educational records to be released to another Educational Agency.