# Jefferson-Lewis-Hamilton-Herkimer-Oneida BOCES

APPLICATION OBTAIN STUDENT RECORDS

To: Records Management Officer
Jefferson-Lewis BOCES
20104 NYS Route 3
Watertown, New York 13601

I hereby request a copy of _____ student's records.
(Name of Student)

I hereby request the records be sent to: _____
_____
_____
_____

I am the:
( ) Natural Parent
( ) Legal Guardian
( ) Individual acting as parent or guardian in the absence of student's parent or guardian
( ) Student over 18 years of age

_____ _____
Signature Date

_____ _____
Representing Address

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**FOR BOCES USE ONLY**

Approved: _____

Denied: _____

( ) Requested record cannot be found
( ) Requested record has been destroyed
( ) Requested record not maintained by school

_____ _____ _____
Signature Title Date