

PLATTSBURGH CITY SCHOOL
DISTRICT
Special Education Office
49 Broad Street
Plattsburgh, New York 12901



Fortune Ellison
Director of Special Education,
Chairperson Committee on Special
Education & CPSE
518-563-6262 Fax 518-427-4955

To Whom It May Concern:

_____ has registered in the Plattsburgh City School District Special Education Program for the current school year. We would appreciate copies of the student's most current IEP, Psychological testing, Evaluations (Speech, OT, PT), and any other important information that will assist us in placement of this student in the appropriate program.

Thank you for your prompt attention to this matter.

Claudine Selzer-Clark,
Director of Special Education, CSE and CPSE Chairperson

Permission is hereby given for the Plattsburgh City School District Special Education Office to obtain the records of:

Name: _____

Date of Birth: _____

Signature of Parent/Guardian

Date