



# PLATTSBURGH CITY SCHOOL DISTRICT

Jay Lebrun

Superintendent of Schools

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## 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)

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

[jmeschinelli@plattscsd.org](mailto:jmeschinelli@plattscsd.org)

Fax #: (518) 566-7663

OR

Oak Street  
Elementary

[csferlazza@plattscsd.org](mailto:csferlazza@plattscsd.org)

Fax #: (518) 561-5828

OR

Arthur P. Momot  
Elementary

[mjjubert@plattscsd.org](mailto:mjjubert@plattscsd.org)

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.