

Plattsburgh High School

Release of Student Records

As part of the withdrawal and enrollment process, permission is given to Plattsburgh City School District to release and receive information regarding my child's school records including but not limited to academic, health, disciplinary, and special education records.

Student's Name: _____

Date of Birth: _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

If withdrawing please indicate where the family is relocating to: _____

REQUEST FOR STUDENT RECORDS

To: _____
School Address

Phone: _____ Fax: _____

Email _____

Dear Records Department,

The student listed above has registered with Plattsburgh High School. Please email or fax all applicable school records including but not limited to the following:

- Cumulative health records/Immunizations/current physical/birth certificate
- All report cards
- Student transcript and credits earned
- All NYS Standardized Test Score including Regents exams, RCT's, Grade 3-8 testing, proficiency scores for ESL, NYSITIL NYSESLAT
- Updated test scores
- Disciplinary records and behavior plan

Please email to: grose@plattscsd.org or **Fax to:** (518) 561-5907

Phone Number: (518) 957-6000 ext. 5071

Plattsburgh High School
Attn: Gabrielle Rose
1 Clifford Drive
Plattsburgh NY, 12901