



PLATTSBURGH CITY SCHOOL DISTRICT

District Registrar

Plattsburgh CSD District Office

49 Broad Street
Plattsburgh, NY 12901

Ph: (518) 957-6004

student.registration@plattscsd.org

www.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)

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

tegooffice@plattscsd.org

Fax #: (518) 566-7663

Oak Street
Elementary

csferlazza@plattscsd.org

Fax #: (518) 561-5828

OR

Arthur P. Momot
Elementary

iclark@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.