

# COMMACK PUBLIC SCHOOLS

COMMACK, NEW YORK 11725

## REQUEST FOR RELEASE OF INFORMATION

The student named below has registered in the Commack School District. As part of our admissions procedure, we need to review the academic and health records of each new entrant. Please forward a copy of his or her **complete school record**, including, but not limited to, the following checked items, at your earliest convenience:

- |   |  |
|---|--|
| <input type="checkbox"/> 1. School Transcripts                | <input type="checkbox"/> 5. Records of Participation in Intellectually Gifted Programs                       |
| <input type="checkbox"/> 2. Current School Schedule           | <input type="checkbox"/> 6. NYSESLAT or NYSITELL Current Results   |
| <input type="checkbox"/> 3. Results of Standardized Testing   | <input type="checkbox"/> 7. Other pertinent records (i.e., Speech, Remedial Reading, Other Special Services) |
| <input type="checkbox"/> 2. Health and Medical Records        | <input type="checkbox"/> 8. Student Disciplinary Record  |
| <input type="checkbox"/> 3. Psychological/Psychiatric Reports |  |
| <input type="checkbox"/> 4. Individualized Education Programs |  |

### Information requested about:

\_\_\_\_\_ Student's Name

\_\_\_\_\_ Student's Former Address

\_\_\_\_\_ Date of Birth

### Commack School Requesting Information:

(All information should be sent to this school)

\_\_\_\_\_ Name of Commack School

\_\_\_\_\_ Address of Commack School

\_\_\_\_\_ Phone of Commack School

\_\_\_\_\_ Fax of Commack School

### Student's Previous School:

\_\_\_\_\_ Name of Previous School

\_\_\_\_\_ Address of Previous School

\_\_\_\_\_ Phone of Previous School

\_\_\_\_\_ Fax of Previous School

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_