

# MILLBROOK CENTRAL SCHOOL DISTRICT

## RELEASE OF STUDENT INFORMATION

Previous school's \_\_\_\_\_  
Name & Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

I hereby authorize the above school to release the following information:

1. Academic records including grades/transcripts, discipline, attendance, testing/assessments, including ESL/ENL documentation (NYSITELL and NYSESLAT)
2. Medical Records including immunization records
3. Psychological, psychiatric and neurological evaluations (if applicable)
4. Individualized Education Plan or 504 Plan (if applicable)

For my daughter/son \_\_\_\_\_

Please send to:	_____ <b>Elm Drive Elementary School</b> (Grades K-2) 12 Elm Drive Millbrook, New York 12545 Phone: (845) 677-4225 Fax: (845) 677-4224	_____ <b>Alden Place Elementary School</b> (Grades 3-5) 41 Alden Place Millbrook, New York 12545 Phone: (845) 677-4220 Fax: (845) 677-4213
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_____ <b>Millbrook Middle School</b> (Grades 6-8) 43 Alden Place Millbrook, New York 12545 Phone: (845) 677-4210 Fax: (845) 677-6913	_____ <b>Millbrook High School</b> (Grades 9-12) 70 Church Street Millbrook, New York 12545 Phone: (845) 677-2510 Fax: (845) 677-2525
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It is understood that the privileged and confidential nature of such records will be preserved.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date