



RELEASE OF STUDENT INFORMATION

Date: _____

Dear Principal,

The following student has enrolled in the Wappingers Central School District. **Please forward copies of records, including cumulative records, psychological evaluations, test scores, health, and any other pertinent information to the address indicated below.**

ELL Students – If this student was previously enrolled in a New York State school, and was in an ELL or Bilingual Program, please include LAB-R or NYSESLAT test score.

Thank you for your attention to this request.

Student Name: _____ Date of Birth: _____

Current Address: _____

School: _____ Grade: _____

I hereby authorize the release of the above mentioned records and any other pertinent information concerning my child.

SIGNATURE OF PARENT _____ DATE _____

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Wappingers Central School District

Please fax records to 845-896-1459

If you need to call the Central Registrar, please dial **845-298-5000 x 40132.**

Previous school information:

Name of School: _____

Address: _____

Telephone (____) _____ Fax: (____) _____

Check all that apply

- Birth Certificate
- Immunizations
- Transcript
- IEP/504

Please Return Requested Records to:

Wappingers CSD Central Registration c/o Susan Aboshanab
PO Box 396
Hopewell Junction, NY 12533