

# 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: \_\_\_\_\_

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

\_\_\_\_\_  
Date

(To be completed by school official)

### REQUEST FOR STUDENT RECORDS

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Dear Records Department,

The student listed above has registered with Plattsburgh High School. Please fax and mail official copies of school records including:

Transcript of grades 9-12  
Science Lab (when applicable)  
Psychological tests  
Special education records (if applicable)

Attendance  
Discipline  
Health/Immunization Records

#### Please mail student records to:

Plattsburgh High School  
Attn: Lori Schudde  
1 Clifford Dr.  
Plattsburgh NY, 12901

**Fax Number:** (518) 561-5907  
**Phone Number:** (518) 561-7500 ext. 5071