

Poughkeepsie City School District

CENTRAL REGISTRATION OFFICE

55 College Avenue

Poughkeepsie, New York 12603

(845) 437-3480 Fax (845) 437-3481

Date: _____

I hereby request the below named school to release all written school records, disciplinary records, health records, and special education records including evaluations, psychological, social history, educational history, IEPs, and 504 accommodation plans.

Name of Student: _____

Grade: _____

From:

School child is leaving: _____

School Address: _____

(county) _____

Please mail or fax the above requested documents to:

Central Registration Office
Poughkeepsie City School District
55 College Avenue
Poughkeepsie, New York 12603
Fax (845) 437-3481

Signature of parent/guardian _____