



POUGHKEEPSIE CITY SCHOOL DISTRICT  
**Central Registration Office**

18 South Perry Street  
Poughkeepsie, NY 12601

Office Number: (845) 437-3480 Fax Number: (845) 478-7042  
Email Address: Centreg@poughkeepsieschools.org

**CONSENT FOR RELEASE OF RECORDS**  
**(AUTORIZACION PARA ENVIO DE REGISTROS)**

I hereby give consent and request the above-named school to release all written school records, disciplinary records, science labs, health records, and special education records including evaluations, psychological, social history, educational history, IEPs and 504 accommodations plans to the Poughkeepsie City School District.

Yo le doy conciento y pido que la escuela dictada arriba, libere todo registros escritos, disciplinarios, registros de salud y educación especial incluido evaluaciones psicólogas, historia social y educacional, IEP y acomodaciones 504 al Distrito Escolar de la ciudad de Poughkeepsie.

STUDENT NAME

*(Nombre del Estudiante)*

GRADE

*(Grado)*

NAME OF SCHOOL LAST ATTENDED

*(Nombre de la Escuela Más Reciente)*

SCHOOL STREET ADDRESS

*(Dirección de la Escuela)*

CITY

*(Ciudad)*

STATE

*(Estado)*

ZIP

*(Código Postal)*

COUNTY

*(Condado)*

**PLEASE SEND ALL RECORDS TO THE ADDRESS BELOW:**

***(POR FAVOR ENVIE LOS REGISTROS A)***

**POUGHKEEPSIE CITY SCHOOL DISTRICT**

Attention: Central Registration

18 South Perry Street

Poughkeepsie, New York 12601

Tel: (845) 437-3480

Fax: (845) 478-7042

Email: centreg@poughkeepsieschools.org

PARENT / LEGAL GUARDIAN *(Padre/Madre/Guardián legal)*

DATE *(Fecha)*