

Poughkeepsie City School District

Central Registration
70 Forbus Street
Poughkeepsie, New York 12603
(845) 437-3480

Date: _____

I hereby request the below 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 accommodation plans.

Name of Student: _____

Grade: _____

School child is leaving: _____

School Address: _____

(county) _____

Please send above requested documents to:

Central Registration Office
Poughkeepsie City School District
70 Forbus Street
Poughkeepsie, New York 12603
Fax (845) 437-3481
centreg@poughkeepsieschools.org

Signature of parent/guardian _____