

# 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 \_\_\_\_\_