

RECORDS RELEASE FORM

PARENT INSTRUCTIONS: Complete Sections A, B, and C of this form for each child in grades K-12 that needs to be registered and has attended a previous school. **PLEASE PRINT CLEARLY.**

A. STUDENT INFORMATION	
First Name	
Middle Name	
Last Name	
Date of Birth	
Grade	

B. PREVIOUS SCHOOL INFORMATION	
Name of School/Agency	
City	
State	
Zip	
Grades Attended	

C. PARENT/GUARDIAN SIGNATURE AND RELEASE	
<p>The undersigned hereby authorizes the above previous school or agency to release copies of all official school, special education, and health records for the student to the school indicated below. This student has enrolled in the Elmira City School District.</p>	
<p>Parent or Guardian Signature: _____</p>	<p>Date: _____</p>

PREVIOUS SCHOOL INSTRUCTIONS: Please fax all records to the new school indicated below. Please do not send to the district office.

D. NEW SCHOOL INFORMATION			
School	Fax Number	Grades	Contact
<input type="checkbox"/> Beecher Elementary	(607) 735-3509	Grades 3-6	
<input type="checkbox"/> Broadway Elementary	(607) 735-3609	Grades 3-6	
<input type="checkbox"/> Coburn Elementary	(607) 735-3659	Grades 3-6	
<input type="checkbox"/> Diven Elementary	(607) 735-3709	Grades PK-2	
<input type="checkbox"/> Fassett Elementary	(607) 735-3909	Grades PK-2	
<input type="checkbox"/> Hendy Elementary	(607) 735-3759	Grades 3-6	
<input type="checkbox"/> Pine City Elementary	(607) 735-3809	Grades PK-2	
<input type="checkbox"/> Riverside Elementary	(607) 735-3859	Grades PK-2	
<input type="checkbox"/> Broadway Academy	(607) 735-3309	Grade 7	
<input type="checkbox"/> Ernie Davis Academy	(607) 735-3109	Grades 8-9	
<input type="checkbox"/> Elmira High School	(607) 735-3209	Grades 10-12	

OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOX		
Request Sent By: _____	Date: _____	Notes: _____