

**Baldwinsville Central School District
 Office of Special Education Services
 29 East Oneida Street
 Baldwinsville, New York 13027**

**Phone: 315-635-4500
 Fax: 315-638-6187**

REQUEST FOR RELEASE OF SPECIAL EDUCATION RECORDS

Former school/address:

School Phone Number:

School Fax Number:

Registration Date:

To Whom It May Concern:

The student (s) listed below have registered with the Baldwinsville Central School District. We would appreciate you forwarding all Committee For Special Education Services reports, including Section 504 records and/or psychological evaluations to the address given above. We require these reports in order to place the student in their specialized program and provide the services outlined in their documents as expeditiously as possible. Thank you in advance for your cooperation. Please feel free to contact our offices if you should have any questions or need assistance with this request.

Student Name	Date of Birth	Current Grade or Adjusted Grade

Parent statement:

I give permission to the former school of attendance for my children, as listed above, to release all Records as requested in order to place my child and continue their CSE program with the Baldwinsville Schools.

Signature of Parent/Guardian	Address for Student:
Date	