

SALMON RIVER CENTRAL SCHOOL DISTRICT
637 COUNTY ROUTE 1
FORT COVINGTON, NY
12937

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize: _____ (name & address of previous school):

to release/receive all confidential information from the records of:

Student's Name	Date of Birth	Grade Level
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Please send to: Salmon Central School
637 County Route 1
Fort Covington, NY 12937
Fax (518) 358-6325

The confidential information includes:

- Immunization records
- Health records
- Psychological records
- Academic records
- Committee on Special Education information
- Birth Certificate
- Attendance
- Discipline records
- NYS Test Scores
- STAR Test Scores

Due to very strict New York State regulations, we must have this information on any student who attends Salmon River Central School.

We appreciate your cooperation in this very important matter.

(Signature of Parent/Guardian)

(Date)

ANGELA ROBERT
ASST' SUPERINTENDENT OF CURRICULUM & INSTRUCTION
(518)358-6689