## STUDENT RECORDS REQUEST

Dear School Official:	
As per Family Educational Rights and Privacy Act (34 CFR:99 the students listed below be sent to the address below:	31), we request the following information regarding
STUDENT NAME: D.O.B	GRADE
STUDENT NAME: D.O.B	GRADE
STUDENT NAME: D.O.B	GRADE
Current report card N	Birth certificate Medical records (immunization data) Discipline records educational evaluations, etc)
Please send or fax records to the school indicated below:	
1625 Lockport Street       643         Niagara Falls, NY 14305       Nia         716-278-7960 (Phone)       716	aract Elementary School Girard Avenue gara Falls, NY 14304 5-278-9120 (Phone) 5-278-9122 (Fax)
1620 Hyde Park Boulevard       188         Niagara Falls, NY 14305       Nia         716-278-7980 (Phone)       716	fas Magnet School 0 Beech Avenue 1 gara Falls, NY 14305 278-9180 (Phone) 2-278-9173 (Fax)
1330 – 95th Street       952         Niagara Falls, NY 14304       Nia         716-278-7940 (Phone)       716	ple Avenue School 2 Maple Avenue 1 Maple Avenue 1 Maple Avenue 2 Maple Avenue 3 Maple Avenue 4 Maple Avenue 5 Maple Avenue 5 Maple Avenue 6 Maple Avenue 6 Maple Avenue 6 Maple Avenue 6 Maple Avenue 6 Maple Avenue 7 Maple Avenue 8 Maple Avenue 8 Maple Avenue 8 Maple Avenue 8 Maple Avenue 8 Maple Avenue 9 M
2513 Niagara Street       55         Niagara Falls, NY 14303       Nia         716-278-5860 (Phone)       716	<sup>a</sup> Street Elementary School 1 – 79 <sup>th</sup> Street agara Falls, NY 13404 5-278-7900 (Phone) 6-278-7901 (Fax)