

## STUDENT RECORDS REQUEST

Date: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear School Official:

As per Family Educational Rights and Privacy Act (34 CFR:99.31), we request the following information regarding the students listed below be sent to the address below:

STUDENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

- Complete transcripts
- Current schedule
- Science labs
- Cumulative records folder
- Attendance records
- Current report card
- Medical records (immunization data)
- Birth certificate
- Special Education Information
- Discipline records
- All other pertinent information

Please send or fax records to: Central Student Registration Office  
Niagara Falls City School District  
630 – 66<sup>th</sup> Street  
Niagara Falls, NY 14304  
716-286-4273 (Phone)  
716-286-4240 (Fax)  
Attn: Cindy Rybicki

\_\_\_\_\_  
Parent Signature