

**SOLVAY UNION FREE SCHOOL DISTRICT**  
**P.O. Box 980 – 299 BURY DRIVE – SYRACUSE, NY 13209**  
**STUDENT RECORDS REQUISITION**

Previous School: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following student has registered in our school district. Please exit student prior to the **projected enrollment start date\*** listed below in order to avoid simultaneous/overlapping enrollment of this student at two districts with NYS.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Projected Enrollment Start Date\*: \_\_\_\_\_

Did the student receive Special Education Services (please return with requested documents)?    Yes       No

**For this student please send (by facsimile, email or postal service) all academic and health records as listed:**

- |                                  |                                 |   |
|----------------------------------|---------------------------------|---|
| - Current Report Card            | - Standardized Test Results     | - Health Appraisal & Immunization Records |
| - Grades at time of withdrawal   | - Achievement Test Results      | - Discipline/Conduct Reports              |
| - Transcript of Grades           | - State Assessments             | - Regents Competency Test Results         |
| - Academic Interventions Service | - Individualized Education Plan |   |

**Send all records to the school location checked off below:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Solvay High School</b><br>600 Gertrude Avenue<br>Solvay, NY 13209<br>Phone: (315) 468-2551<br>Fax: (315) 484 -1404<br>Email: <a href="mailto:srevette@solvayschools.org">srevette@solvayschools.org</a> | <input type="checkbox"/> <b>Solvay Middle School</b><br>299 Bury Drive<br>Syracuse, NY 13209<br>Phone: (315) 487-7061<br>Fax: (315) 484 -1444<br>Email: <a href="mailto:gdiiflorio@solvayschools.org">gdiiflorio@solvayschools.org</a> | <input type="checkbox"/> <b>Solvay Elementary School</b><br>701 Woods Road<br>Solvay, NY 13209<br>Phone: (315) 488-5422<br>Fax: (315) 484 -1417<br>Email: <a href="mailto:sbligh@solvayschools.org">sbligh@solvayschools.org</a> |
|---|--|--|

In accordance with the final Regulation-Family Education Rights and Privacy Act (Buckley Act) dated June 17, 1977, it is no longer necessary to obtain written consent to release academic and health records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which they intend to enroll, may receive a student's records without written consents for such release. Thank you in advance for your assistance in this matter. If you have any questions, please be sure to call our offices at the numbers given above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_