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 start date* listed below in order to a NYS.		-		
Student Name:	Grade:	Date of	Birth:	
Registration Date:	Projected Enrollment Start Date*:			
Did the student receive Special Educ	cation Services (please return with	requested documen	ts)? Yes No	
For this student please send (by fa	ecsimile, email or postal service)	all academic and h	ealth records as listed:	
Current Report CardGrades at time of withdrawalTranscript of GradesAcademic Interventions Service	 Standardized Test Results Achievement Test Results State Assessments Individualized Education Plan Health Appraisal & Immunization Records Discipline/Conduct Reports Regents Competency Test Results 			
<u>Sen</u> e	d all records to the school location chec	ked off below:		
Solvay High School 600 Gertrude Avenue Solvay, NY 13209 Phone: (315) 468-2551 Fax: (315) 484 -1404 Email: eburns@solvayschools.org	Solvay Middle School 299 Bury Drive Syracuse, NY 13209 Phone: (315) 487-7061 Fax: (315) 484 -1444 Email: gdiflorio@solvayschools	701 Woods R Solvay, NY 1 Phone: (315) Fax: (315) 48	Solvay Elementary School 701 Woods Road Solvay, NY 13209 Phone: (315) 488-5422 Fax: (315) 484 -1417 Email: sbligh@solvayschools.org	
In accordance with the final Regulation-Family Educonsent to release academic and health records betwother schools in school systems in which they intend your assistance in this matter. If you have any quest	ween schools. It states that school officials, inclu I to enroll, may receive a student's records withou	ding teachers within the educ out written consents for such	cational institution and officials of	

Parent Signature: ______ Date: _____