

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:

Solvay High School
600 Gertrude Avenue
Solvay, NY 13209
Phone: (315) 468-2551
Fax: (315) 484 -1404
Email: srevette@solvayschools.org

Solvay Middle School
299 Bury Drive
Syracuse, NY 13209
Phone: (315) 487-7061
Fax: (315) 484 -1444
Email: gdiflorio@solvayschools.org

Solvay Elementary School
701 Woods Road
Solvay, NY 13209
Phone: (315) 488-5422
Fax: (315) 484 -1417
Email: drolince@solvayschools.org

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: _____