

ANDES CENTRAL SCHOOL

85 Delaware Avenue
P.O. Box 248
Andes, New York 13731

Telephone: (845) 676-3166 Fax: (845) 676-3181

Building Administrator
Jackie Frederick

Superintendent
Robert L. Chakar, Jr., Ed.D.

Treasurer
Janice Stevens

Commitment to Excellence

_____/_____/_____

To: _____

Re: _____
Student Name Date of Birth Grade

Please fax to us the following records for the above named student:

- Academic records
- Health & immunization records
- CSE records (IEP's, 504, Psychological, Social History, OT, PT, Speech)
- Disciplinary records

Sincerely,
Ms. Nicole Bishop
School Counselor

***Parental permission is not required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)

I give my permission to release the above requested records to Andes Central School.

Parent Signature

_____/_____/_____
Date

Print Name