

AUTHORIZATION FOR PUPIL RECORD RELEASE

WILLIAM E. COTTLE SCHOOL
2 Siwanoy Boulevard, Eastchester, New York 10707
Phone: (914) 337-5376

STUDENT'S NAME - LAST NAME FIRST		
ADDRESS		PHONE
GRADE (CIRCLE) K 1 2 3 4 5 6 7 8 9 10 11 12	STUDENT'S D.O.B.	DATE OF REQUEST

I AUTHORIZE THE SCHOOL DISTRICT TO RELEASE THE AFORENOTED STUDENT'S RECORDS AS SPECIFIED HEREAFTER TO:

RECORDS AUTHORIZED FOR RELEASE

- | | |
|----------------------------|----------------------------------|
| _____ ACADEMIC RECORDS | _____ PROFESSIONAL OBSERVATIONS |
| _____ ACHIEVEMENT TESTS | _____ INDIVIDUAL EDUCATION PLANS |
| _____ INTEREST INVENTORIES | _____ REPORTS REGARDING I.E.P. |
| _____ I.Q. TESTS | _____ PERSONAL/FAMILY BACKGROUND |
| _____ HEALTH RECORDS | _____ OTHER (SPECIFY) _____ |
| _____ ATTENDANCE RECORDS | _____ ALL OF THE AFORENOTED |
| _____ DISCIPLINE RECORDS | |

 (SIGNATURE OF PARENT/GUARDIAN)

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(SIGNATURE OF PARENT/GUARDIAN)

WHITE - RETURN TO PARENT/GUARDIAN

CANARY - STUDENT'S FOLDER

PINK - OFFICE USE

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