



**WHITE PLAINS CITY SCHOOL DISTRICT  
FAMILY INFORMATION CENTER  
500 North Street  
White Plains, NY 10605  
(914) 422-2038**

**RELEASE OF STUDENT RECORDS/TRANSFER REQUEST FORM**

I, \_\_\_\_\_, parent or legal guardian of

\_\_\_\_\_ / \_\_\_\_\_  
**Student Name** **Date of Birth**

do hereby authorize the exchange of the following information between the White Plains City School District and the party listed below:

Transcript/Grades	<input type="checkbox"/>	Medical Data (including Immunizations)	<input type="checkbox"/>
AIS Services	<input type="checkbox"/>	Psychological Data	<input type="checkbox"/>
CSE Packet	<input type="checkbox"/>	Psychiatric Data	<input type="checkbox"/>
Most Recent IEP	<input type="checkbox"/>	Neurological Data	<input type="checkbox"/>
Assessment Data	<input type="checkbox"/>	Speech and Language Data	<input type="checkbox"/>
Other:	<input type="checkbox"/>	LAB-R/NYSESLAT Data	<input type="checkbox"/>

<u>SCHOOL/AGENCY:</u>	
Name:	_____
Street Address:	_____
City, State, Zip:	_____
Phone/Fax Numbers:	_____

**STUDENT INFORMATION:**

Student's Current Address: \_\_\_\_\_ Student's Current Grade: \_\_\_\_\_

My child currently attends: \_\_\_\_\_

Student's New Address (if applicable): \_\_\_\_\_

**REASONS FOR REQUEST:**

TRANSFER to a new school. My child will not be returning to the White Plains City School District.

<u>LAST DATE OF ATTENDANCE</u> will be: _____
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**PARENT/GUARDIAN AUTHORIZATION:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please note that all materials sent to the White Plains Public Schools are subject to review and inspection by both the parents/guardians and authorized professional staff.*