



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

RELEASE OF INFORMATION

Name of Student: _____

Last School Attended: _____

Last Day Attended: _____

Household Street Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Name of New School: _____

Street Address: _____

City, State, Zip Code: _____

**I hereby give permission for the White Plains City School District to release all
information concerning my child, _____.**

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Telephone No.: _____

Email Address: _____