

**MARION CENTRAL SCHOOL DISTRICT**  
**4034 Warner Road**  
**Marion, NY 14505**  
**District Office: 315-926-2300 Fax: 315-926-5797**

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Last Enrolled Grade: \_\_\_\_\_

Previous District: \_\_\_\_\_ School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**Please release the records available listed below to the building noted below- Thank you!**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Report Card(s); Grades K-6 *</b>  | <input type="checkbox"/> <b>Signed Custody/Guardianship</b>   | <input type="checkbox"/> <b>Health Record/Physical Exam</b> |
| <input type="checkbox"/> <b>Transcript(s) Grades 7-12*</b>    | <input type="checkbox"/> <b>Attendance Records</b>            | <input type="checkbox"/> <b>Immunization Record</b>         |
| <input type="checkbox"/> <b>Academic Records *</b>            | <input type="checkbox"/> <b>Current IEP/504 Plan*</b>         | <input type="checkbox"/> <b>Dental Health Certificate</b>   |
| <input type="checkbox"/> <b>State Test/Standardized Test*</b> | <input type="checkbox"/> <b>Special Education Evaluations</b> | <input type="checkbox"/> <b>Proof of Age</b>                |

(\*)Required in order to determine class placement or schedule of courses prior to registration/re-enrollment

\*\* If Student has an IEP please include most recent Psychological Reports, Educational Reports, Speech Evaluations, Physical Therapy Evaluations, Occupational Therapy Evaluations and any other pertinent evaluations and reports\*\*

**PARENTAL PERMISSION:** I hereby authorize school records to be released to:

**Marion Central School District Office:**

Attn: Sandy Friday  
4034 Warner Road  
Marion, NY 14505  
Phone: 315-926-2300  
Fax: 315-926-5797

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ Parent/Guardian      ☐ Student/Self      ☐ School Official – Title: \_\_\_\_\_