

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

1211 Mill Street
Fabius, NY 13063
(315) 683-5301
(315) 683-5827 – fax

Request for Student Records

Parent/Guardian must complete the top portion and sign below.

- **Previous School's Information:** *(Records request will be sent here)*

School _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

- **Parent's Authorization of Release:**

Student's Name _____

Present Grade _____ Date of Birth _____

I consent to the release of my child's records, as indicated below:

Parent's Name Printed _____

Parent's Signature _____ Date _____

-
- **Registrar, please provide all records of the above student, including:**

- All previous **academic** records
- All **classes in progress** and grades
- All **health** records, including immunizations and attendance
- All **test results**, including standardized tests
- Any **psychological testing** and/or disability documentation
- Any other information which would assist this student in transition

Please mail or fax all records to the District Office of the Fabius-Pompey Central School District, 1211 Mill Street, Fabius, NY 13063. Fax number: (315) 683-5827.