



505 Broadway  
Dobbs Ferry, NY 10522  
t 914.693-1500  
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http://www.dfsd.org

## MIDDLE/HIGH SCHOOL RECORDS RELEASE AUTHORIZATION

Re: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student Name)

The above named student was a former pupil in your school and has registered in the Dobbs Ferry School District. Please send a copy of his/her academic records (transcript), standardized test scores, disciplinary records, and health records in order to facilitate the registration process and to determine the proper placement for this student. Also, please indicate whether this child has been designated a CSE student by the Committee on Special Education.

Below is a signed authorization from the parent/guardian to release this information to the Dobbs Ferry School District. Thank you.

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### MS/HS RELEASE AUTHORIZATION

As Parent/Guardian of \_\_\_\_\_, I hereby authorize:

\_\_\_\_\_  
(Name of Former School)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Tel No.) / (Fax No.)

**To release all records to:** Dobbs Ferry School District  
Guidance Department  
505 Broadway  
Dobbs Ferry, NY 10522  
FAX: 914 693-1536

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

CSE Student: \_\_\_ Yes \_\_\_ No If Yes: \_\_\_ IEP \_\_\_ 504

Parent Signature: \_\_\_\_\_