



175 Walgrove Avenue
Dobbs Ferry, NY 10522
t 914. 693-1503
f 914. 693-3188
http://dfsd.org/sh

SPRINGHURST RECORDS RELEASE AUTHORIZATION FORM

I hereby authorize you to forward the following applicable records pertaining to my son/daughter

Student Name _____ Date of Birth _____

Name of former school: _____

Address of former school: _____

Fax No. _____ Email Address: _____

- | | |
|---|---|
| <input type="checkbox"/> Permanent Record | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Report Cards | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Disciplinary Records | <input type="checkbox"/> ELL Service Record |
| | (Include ESLAT Scores) |

Please indicate whether or not this child has been designated as a CSE student by the committee of Special Education. Yes No

Please forward records to: Springhurst Elementary School
175 Walgrove Avenue
Dobbs Ferry, NY 10522
FAX: 914-693-3188
Email: panl@dfsd.org

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____