



**Release of School Records Form
ITHACA CITY SCHOOL DISTRICT**

400 Lake Street • P.O. Box 549 • Ithaca, New York • 14851-0549

(Parent/Guardian: Please complete this form for the school your child last attended.)

To: _____
(School Name)

(Street Address)

(City, State, Zip Code)

(Phone Number)

The student listed below has entered our school. Please forward all school records including psychological, Individual Education Plan, and immunization/health records as soon as possible.

Thank you,

(Principal)

(School)

(Street Address)

(City, State, Zip Code)

(Student Name)

(Grade)

(Date of Birth)

I give my permission that all school records be released and forwarded to the Ithaca City School District.

(Parent/Guardian Signature)

(Date)