

LaFargeville Central School

PO Box 138, LaFargeville, NY 13656

Phone: (315) 658-2241

Fax: (315) 658-4223

Request for Educational Records

Date of Request: _____

Records requested from:

Previous School: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

_____ D.O.B. _____ has enrolled in the ____ grade at LaFargeville Central School. Please send a copy of all of his/her records, including grades, test scores, health records, psychological evaluations, & individualized educational plans so that proper placement can be made and continuity of record keeping is maintained.

According to the Final Regulations- Family Educational Rights and Privacy Act, Parental permission is no longer required when authorized school personnel request records.

Thank you for your assistance.

Please return information to:

LaFargeville Central School

PO Box 138

LaFargeville, NY 13656

Attention: Student Records

Or fax to: (315) 658-4223

(Parent Signature when available.)