

Dr. Laura P. Feijóo  
Superintendent of Schools

City School District of New Rochelle  
515 North Avenue  
New Rochelle, NY 10801



### Authorization for Release of Student Records

Supreme Court decisions require schools to have written consent from a parent or legal guardian before they can release student records. In the case of eighteen-year-old students, permission of the student must be obtained.

The form provided below will authorize your last school to provide us with transcripts and records. Please complete the required information and sign this form.

Last School Attended:	
Address:	
Phone #:	Last Date Attended:
Guidance Counselor:	

*Dear Principal or Registrar:*

*In accordance with the Family Education Rights and Private Act of 1974 (PL 93-390), I do hereby authorize you to release the following information to the City School District of New Rochelle for the student named below: health and testing records, an official transcript, and the most recent report card.*

Parent/Guardian Name (please print):	
Student Name:	
Age:	Date of Birth:
Date of Enrollment at CSDNR:	Grade Level:
Parent/Guardian Signature:	