

Administrative Building •	13A Dickinson Avenue	• Nyack, New	York 10960	•	(845) 353-7000

Date: _____

		- -
RE:Student Name(s)		
Please be advised that Free School District .		has enrolled in the Nyack Union
Please forward all scholasti on the student(s). Please se		nd/or any educational records you may have shool indicated below:
Liberty Elementary	142 Lake Road, Valley	y Cottage, NY 10989
Upper Nyack Eleme	entary, 336 North Broad	dway, Upper Nyack, NY 10960
Valley Cottage Eler	nentary, 26 Lake Road,	Valley Cottage, NY 10989
Nyack Middle Scho	ol, 98 South Highland	Avenue, Nyack, NY 10960
Nyack High School	, 360 Christian Herald I	Road, Nyack, NY 10960
Thank you for your assistar	ace in this matter.	
Sincerely, Nyack Public Schools Reg		
I hereby authorize release of	f all records to Nyack I	Public Schools.
Parent/Guardian:(pre	nt name)	Date:
Parent/Guardian Signature:		
For office use:	_	
Date Sent:	By:	