

**SCHODACK CENTRAL SCHOOL DISTRICT**

1477 South Schodack Road  
Castleton-on-Hudson, New York 12033  
Fax 518-732-7710

JASON M. CHEVRIER  
Superintendent  
518-732-2297

CHRISTIAN OLSEN  
President  
Board of Education

**Authorization for the Release of Student Records**

\_\_\_\_\_ has registered in the Schodack Central School District in grade \_\_\_\_\_.  
(Student Name)

**Please Send Us Any of the Following Information That May Be Available:**

- 1. Academic Records
- 2. Attendance Records
- 3. Health and Immunization Records
- 4. Individual Education Program (IEP) or 504 Plan (Confidential)
- 5. Psychological test results
- 6. Standardized/State Test Results
- 7. Science Labs

**Please Forward Information to The Highlighted Location Below:**

Castleton Elementary School	Maple Hill Jr/Sr High School	Pupil Personnel Services
80 Scott Avenue Castleton, NY 12033	1216 Maple Hill Rd Castleton, NY 12033	80 Scott Avenue Castleton, NY 12033
Attn: Ruth Gregware	Attn: Mary Southard	Attn: Angela Beeber
518-732-7755 518-732-0495 (fax)	518-732-7701/518-732-0494 (fax) <a href="mailto:msouthard@schodack.k12.ny.us">msouthard@schodack.k12.ny.us</a>	518-732-2523 518-732-2184 (fax)

Thank you.

I hereby grant permission for \_\_\_\_\_ to release all medical and school records for my child \_\_\_\_\_ DOB \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent/Guardian)

For Office  
Use Only

Request for Records Sent to Former School \_\_\_\_\_  
Date Initials