



South Colonie School District

Release To Exchange Information

102 Loralee Drive, Albany, NY 12205 (518) 869-3576 ext. 2454

Today's Date _____

Expected Start Date _____

Student Name _____

Grade _____

I hereby request and authorize _____
(School from which you are transferring)

(Street Address, City, State and Zip of former school)

to send the following information:

1. Academic Records (transcript of grades, including current grades from last marking period to date of withdrawal)
2. Standardized Test Results (Please include Competency testing if student is coming from another New York state School.)
3. Health and immunization records
4. All attendance and discipline records
5. Other

(Signature of Parent/Legal Guardian)

Please mail or fax the information listed above. Address and fax number appear on cover page of fax.