



MANCHESTER SHORTSVILLE CENTRAL SCHOOL DISTRICT
"Red Jacket Schools" 1506 State Route 21, Shortsville, NY 14548

Authorization for Release of Student Information

Previous School			
Grade Level			
Fax #		Date	

Please Fax Student Records to:

Fax #	585-289-6660
Attention	Sue Burnett
Phone #	585-289-3964

Parent/Guardian Signature: _____ Date: _____

Dear Registrar:

Name of Student: _____ Date of Birth: _____

Student's New Address: _____

Phone #: _____

The above-named student has moved into our District and wishes to enroll in the Manchester-Shortsville School District. Please fax the following as soon as possible as we are awaiting your records to enroll this student.

1. All academic records (transcript, report cards, progress reports)
2. Standardized test data (NYS test results)
3. Benchmark testing information/Reading level
4. Attendance records
5. Behavior/Disciplinary records
6. CSE records (including the student's Individualized Education Program (IEP) or 504 Plan, psychological reports)
7. Other pertinent counseling information
8. Speech/OT/PT records
9. Health records (including physical and immunizations from physician)
10. Birth certificate, custody paperwork (if applicable)

Thank you for your prompt attention to this matter.