



HANNIBAL CENTRAL SCHOOL DISTRICT

928 Cayuga Street Hannibal, NY 13074

Phone: (315) 564-8100 ext. 5008

Fax: (315) 564-7285

Student Educational Records Release Authorization

Requesting Records for:

Re: _____ DOB: _____ Grade: _____

Re: _____ DOB: _____ Grade: _____

Re: _____ DOB: _____ Grade: _____

Re: _____ DOB: _____ Grade: _____

The above named student(s) has become a resident of the Hannibal CSD. In order to follow a smooth transition please fax the following information if available at (315) 564-7285.

- Birth Certificate
- Custody Information (If applicable)
- Academic Records, Achievement/Aptitude Records, and state Mandated Testing Records (Including current schedule, report card, and grades earned for the current marking period)
- Other records of unique or pertinent nature
- **High School transcript with grades, marking period grades and withdrawal grades.**

Below is a parental consent form authorizing the release of the above records to our school.

I, _____ am currently residing at _____
(Parent/Guardian Name) (Current Address)

Herby give permission to _____ to release the records indicated
(Previous School Attended)

Above. I understand that this information will be used to evaluate my child's current status, determine performance levels, and develop an appropriate education program.

Signature of Parent/Guardian

Date