

SMITHTOWN CENTRAL SCHOOL DISTRICT
Joseph M. Barton Building
26 New York Avenue
Smithtown, New York 11787

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Students Name ID #
Date of Birth Grade

Authorization is granted by the undersigned for the release of all official records, files and data directly related to the student named hereon to:

Materials for which release is authorized include all information and records that are intended for use in planning, evaluation and measurement of progress for educational purpose such as:

1. Academic work completed.
2. Level of achievement (grades, standardized test scores).
3. Attendance data.
4. Scores or standardized intelligence and aptitude tests.
5. Psychological tests and reports.
6. Interest inventory results.
7. Health data.
8. Family background information.
9. Teacher, counselor or agency ratings and observations.
10. Verified reports of serious and/or recurrent behavior patterns.
11. Committee on Special Education records.

Records are to be released by:

Name of School Official or Principal:
School:
Address:

Authorization is granted by:

Signature: _____ Relationship:
Address:
Telephone Number: