

**PARENT/GUARDIAN/STUDENT REQUEST FOR COPY OF EDUCATION RECORDS**

Date: \_\_\_\_\_, 20\_\_\_\_

Mr. Matthew McCoy , Records Access Officer  
Newburgh Enlarged City School District  
124 Grand Street  
Newburgh, NY 12550

Dear Mr. McCoy:

The purpose of this letter is to request copies of education records identified below, for (name of student) \_\_\_\_\_, who is (please circle one) my son/ my daughter/ myself as eligible student. I understand that, if the records include answers to a standardized test(s), the district will not provide a copy of the standardized test questions.

I consent to have copies of the following education records provided (please check records needed):

\_\_\_\_\_ 504                      \_\_\_\_\_ Discipline Record                      \_\_\_\_\_ Report Card (year(s)) \_\_\_\_\_  
\_\_\_\_\_ IEP                      \_\_\_\_\_ Immunizations                      \_\_\_\_\_ Progress Reports (year(s)) \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

I am making this request because of the reason(s) indicated below with an X:

- \_\_\_\_\_ The student's records are being transferred to another school.
- \_\_\_\_\_ District failure to provide copies will effectively deny my right to inspect the records (for example, if the parent lives far away and cannot come in to review/inspect them).
- \_\_\_\_\_ After School program
- \_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

I understand that, unless one of these reasons is marked, district policy states that copies of records shall not be provided. I also understand that the designated third party will reimburse the district a fee of 25 cents per page (or the actual cost of reproduction), and postage if any.

The authorized third party can be reached at telephone # \_\_\_\_\_.  
I can be reached at telephone # \_\_\_\_\_. Thank you for your attention to this request.

Student's DOB: \_\_\_\_\_

Sincerely,

Year of Graduation: \_\_\_\_\_

Current School: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/ Eligible Student

Last School Attended: \_\_\_\_\_

Printed Name: \_\_\_\_\_

School Transferring to: \_\_\_\_\_

**\*PICTURE ID REQUIRED TO RECEIVE RECORDS**

**REQUESTS MAY BE E-MAILED TO: [studentrecords@necsd.net](mailto:studentrecords@necsd.net)**