

# **Authorization for Release of Records**

(please use this form if you are the parent of the Newfane student under the age of 18)

I, \_\_\_\_\_,  
(print your name clearly, please)

am the legal parent/guardian of \_\_\_\_\_  
(print the student's name clearly, please)

with a date of birth of \_\_\_\_\_,  
(print the student's date of birth, please)

(graduation year of \_\_\_\_\_, if applicable,

and maiden name of \_\_\_\_\_, if applicable),

hereby authorize Newfane Central School District to release copies of my child's:

- High School transcript only
- Health Record Card (which includes immunizations)
- Special Education Records
  - Most recent evaluation
  - Last IEP
  - Other evaluations

to:

- me, at the following address:

\_\_\_\_\_

- the following institution:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

***Once complete, please mail to:***  
*Bernadette Seymour, District Clerk*  
*Newfane Central School District*  
*6273 Charlotteville Road*  
*Newfane, NY 14108*

***Or fax to:***  
*(716) 778-6852*

***Or scan and e-mail to me at:***  
*bseymour@newfane.wnyric.org*