



PERMISSION FOR RELEASE OF STUDENT RECORDS

Name of Previous School: _____

Address: _____

Street / P.O. Box

City

State

Zip

Phone Number: (____) _____ Fax Number: (____) _____

I hereby give permission to release the following information from the educational records of:

Student's Name: _____

Grade: _____ Date of Birth: ____ / ____ / ____

Please Release the Following: (as applicable)

- Cumulative Student Records Standardized Test Scores
- Attendance Records Report Cards
- Health and Immunization Records IEP, Social History, Psychological Evaluation
- Discipline Records

The records indicated above should be released to (circle one):

| | |
|--|---|
| <p>Cherry Road Elementary School (Gr. 2-4) 201 Cherry Road Syracuse, New York 13219 Phone: (315) 426-3300 sdemski@westhillschools.org</p> | <p>Walberta Park School (Gr. K-1) 400 Walberta Road Syracuse, New York 13219 Phone: (315) 426-3200 bwhite@westhillschools.org</p> |
| <p>Onondaga Hill Middle School (Gr. 5-8) 4860 Onondaga Road Syracuse, New York 13215 Phone: (315) 426-3400 kcortez@westhillschools.org</p> | <p>Westhill High School (Gr. 9-12) 4501 Onondaga Boulevard Syracuse, New York 13219 Phone (315) 426-3100 whscounselingcenter@westhillshools.org</p> |

I authorize the release of the above information to the institution and/or individual named.

Date: _____ Signature of Parent/Guardian: _____