

FONDA-FULTONVILLE CENTRAL SCHOOL DISTRICT
Central Registration
112 Old Johnstown Rd
PO Box 1501
Fonda, NY 12068-1501

REQUEST FOR RELEASE OF STUDENT RECORDS

Student Name: _____

Date of Birth: _____ **Grade:** _____

Previous School

Previous school Mailing Address

City, State, Zip

Previous School Phone: _____

Previous School Fax: _____

I hereby request and direct the above school to release and/or exchange all information
pertaining to the above student to the following (√) school:

**Please include: Birth Certificate, Health/Immunization Records, and Academic
Records including Standardized Testing, Last Report Card and Withdrawal Grades.**

**If applicable, please also include: Official Transcript, IEP, 504 Plan,
Confidential/Psychological/Special Education Records, Custody or Guardianship
Papers.**

Please fax all Special Education records to Lisa Rose @ (518) 853-8643

☐ Fonda-Fultonville Elementary School (Pre-K – Grade 4)
112 Old Johnstown Rd
PO Box 1501
Fonda, NY 12068
Ph: (518) 853-3332 Fax: (518) 853-1455
Attn: Sully Cruz, Elementary Secretary

☐ Fonda-Fultonville Middle School (Grades 5-8)
112 Old Johnstown Rd
PO Box 1501
Fonda, NY 12068
Ph: (518) 853-4747 Fax: (518) 853-4498
Attn: Kathleen Sullivan, MS Guidance

☐ Fonda-Fultonville High School (Grades 9-12)
112 Old Johnstown Rd
PO Box 1501
Fonda, NY 12068
Ph: (518) 853-4111 Email: efonda@ffcsd.org
Attn: Elizabeth Fonda, HS Guidance Secretary

X

Signature of Parent, Guardian or Eligible Student

Date