

CITY SCHOOL DISTRICT OF NEW ROCHELLE  
515 NORTH AVENUE  
NEW ROCHELLE, NY 10081



Dr. Corey W. Reynolds  
SUPERINTENDENT OF SCHOOLS

**RELEASE OF STUDENT RECORDS AUTHORIZATION**

SCHOOL YEAR: \_\_\_\_\_

*Supreme Court decisions require schools to have written consent from a parent, custodian, or legal guardian before they can release student records. If the student is eighteen-year-old, permission from the student must be obtained.*

**The form provided below will authorize your last school to provide us with transcripts and records. Please complete the required information and sign this form.**

Last school attended: \_\_\_\_\_

Last school Address: \_\_\_\_\_  
Street/Avenue City State/Zip-code

Last school Phone # \_\_\_\_\_ Last Date Attended: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Parent/Custodian/Guardian Name (Please print): \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of Enrollment at CSDNR: \_\_\_\_\_ Grade level: \_\_\_\_\_

Parent/Custodian/Guardian Signature: \_\_\_\_\_

*Dear Principal or Registrar:*  
  
*In accordance with the Family Education Rights and Private Act of 1974 (PL 93-390), I do hereby authorize you to release the following information to the City School District of New Rochelle for the student named above: health and testing records, an official transcript and the most recent report card.*

TO: Pupil Personnel Services

School Name: Central Registration, New Rochelle City Hall

School Address: 515 North Ave, New Rochelle, NY 10801

Phone #: (914) 576 - 4274 Fax #: \_\_\_\_\_

Registrar email: CSDNRRegistration@nredlearn.org