

UPTON LAKE CHRISTIAN SCHOOL
PO Box 63
Clinton Corners, NY 12514
Phone 845-266-34897
ulcs@uptonlake.com



REQUEST FOR STUDENT RECORDS

Date: _____

To: _____

Dear Principal:

The student(s) listed below has/have applied to Upton Lake Christian School.
Please send a copy of all scholastic, medical, psychological, I.E.P. and other pertinent records to ULCS.
Also include any current grades available for previous quarters or semesters.

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

According to the Final Regulations - Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976 (Section 438B - 1 a); it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within an educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's records without a written consent for such release.

Parent Signature