

# BRUNSWICK CENTRAL SCHOOLS

## BRITTONKILL

### CONSENT FOR RELEASE

Date: \_\_\_\_\_

Request for records from: \_\_\_\_\_  
Former School Name

\_\_\_\_\_  
School's Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

To Whom It May Concern:

The above named student has enrolled in the Brunswick Central School District. Please forward all school records including ACADEMIC, HEALTH, ATTENDANCE, PSYCHOLOGICAL, SPECIAL EDUCATION AND ANY OTHER PERTINENT INFORMATION TO THE FOLLOWING ADDRESS:

Maureen Lynch  
Registrar's Office  
Brunswick Central Schools  
3992 NY2  
Troy, NY 12180  
Phone: (518) 279-4600 ext. 2006  
Fax: (518) 279-4243

E-mail: [mlynch@brittonkill.k12.ny.us](mailto:mlynch@brittonkill.k12.ny.us) Anticipated to start school on \_\_\_\_\_

I hereby certify that I have been advised of the transfer of all school records of my child. I understand that all such information will be treated as confidential and privileged and used only for the purposes of giving help and guidance to persons working with my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date