



**East Palmyra Christian School**  
 2023 E Palmyra Port Gibson Rd, Palmyra, NY 14522  
 office@eastpal.org  
 315-597-4400, fax: 315-847-1010

## **REQUEST FOR RELEASE OF RECORDS**

Today's Date: \_\_\_\_\_

Request for release of record from the: \_\_\_\_\_ School District

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

To Whom it May Concern:

The above-named student(s) has either applied for enrollment or has already been enrolled in the East Palmyra Christian School. Please release the following information as soon as possible:

- A record of work completed
- Standardized test scores
- Grades earned to date
- Psychological reports
- IEPs or 504 accommodation forms
- Health/Immunization records
- Any other pertinent placement information

Please scan and email this information to: **office@eastpal.org**.

Thank you for your kind and prompt assistance.

Parent or Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_