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## Release of School Records

To the School Office of \_\_\_\_\_

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

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

The above-named student is enrolling in our school. Please forward all school records including:

1. Health and Immunization
2. Transcript of Scholastic Records
3. Standardized Test Results
4. Record of Academic Intervention Services
5. Psychological Evaluations and Other Service Related Test Results
6. Committee on Special Education or Section 504 Documents
7. Attendance and Discipline Records

Please mail or fax to our adress above.

Thank you for your prompt attention to this matter.

Sincerely,

Phoebe Moulthrop  
Administrative Director

I give permission for all of my child's records to be transferred to Country Classroom School and for any of my child's teachers to speak with teachers from Country Classroom.

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Parent Name

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Signature