



AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION

TO: _____

RE: _____
STUDENT'S NAME

DATE OF BIRTH

Permission is hereby given to the Brighton Central School District to release written or verbal information to you and/or receive information from you regarding the above student.

Reason for the request: _____

Copy of records to be transferred:

- Attendance Records
- Progress Reports/Report Cards
- Standardized Test Data
- Most Current Health Records
- Psychological Reports
- Treatment Plan/Progress
- Individual Education Plan (IEP)
- Academic Records (including transcripts)
- ENL records (English as a new language)
- Other _____

PRINT PARENT NAME

SIGNATURE OF PARENT

DATE

Please forward information to:

Brighton High School
1150 Winton Rd. South
Rochester, NY 14618
FAX: (585) 242-5210
maryellen_schultz@bcsd.org

Twelve Corners Middle School
2643 Elmwood Ave.
Rochester, NY 14618
FAX: (585) 242-2540
tonia_armstrong@bcsd.org

French Road Elementary School
488 French Road
Rochester, NY 14618
FAX: (585) 242-5006
liz_garwood@bcsd.org

Council Rock Primary School
600 Grosvenor Rd.
Rochester, NY 14610
FAX: (585) 242-5186
doris_young@bcsd.org