

# LIVONIA

## Central School District

P.O. Box E  
Livonia, NY 14487-0489  
www.livoniacsd.org

Matthew Cole, *Superintendent of Schools*  
mcole2@livoniacsd.org  
(585) 346-4000, ext. 4000  
Fax: (585) 346-6145

### **RECORDS RELEASE FORM**

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

I, \_\_\_\_\_ hereby give my permission to the  
Livonia Central School District to obtain information from or release information to:

Name of School: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Those school records listed below as they relate to:

_____	_____	_____
Name of Student	Birth date	Entering Grade

1. BIRTH CERTIFICATE
2. ACADEMIC INFORMATION
3. HEALTH RECORDS
4. ATTENDANCE RECORDS
5. STATE ASSESSMENTS / STANDARDIZED TESTS
6. PSYCHOLOGICAL REPORTS
7. CSE RECOMMENDATIONS
8. DISCIPLINE RECORDS

OTHER \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Follow up Request: \_\_\_\_\_

**PLEASE FAX TO:** \_\_\_\_\_ **(585) 346-** \_\_\_\_\_

**Name**

**Fax Number**

**(Or if SCANNING materials) Email To:** \_\_\_\_\_