

Student Records Request Form

For Kindergarten Registration – Please provide preschool/daycare information.

Name of School Previously Attended	
Contact person	
Street Address	
State / Zip Code	
email address	
Phone Number	

I hereby request that a copy of all school records for the student named below, including academic records, attendance records, behavioral reports, psychological reports, 504 or Committee on Special Education records, and relevant medical records be released and forwarded to the Somers Central School District at the address indicated below.

Student Name: _____

Parent/Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Receiving Person/School (check one):

- ☐ Ms. Katie Winter, Principal, **Primrose Elementary School**, P.O. Box 630, Lincolndale, NY 10540: kwinter@somersschools.org
- ☐ Ms. Linda Belger, Principal, **Somers Intermediate School**, 240 Route 202, Somers, NY 10589: lblger@somersschools.org
- ☐ Ms. Mariellen Coogan, Counseling Office, **Somers Middle School**, 250 Route 202, Somers, NY 10589: mcoogan@somersschools.org
- ☐ Ms. Teri Cominsky, Counseling Office, **Somers High School**, P.O. Box 640, Lincolndale, NY 10540: tcominsky@somersschools.org
- ☐ Ms. Stacey Elconin, Director of **Special Services**, Somers School District Office, P.O. Box 620, Lincolndale, NY 10540 : selconin@somersschools.org

To the receiving school: [FERPA](#) allows schools to disclose education records (all records maintained by the school), without consent, to other schools to which a student is transferring (34 CFR § 99.31)