Lyme Central School District School Records Department 11868 Academy St, Chaumont, NY 13622 P: 315-649-2417 ext. 2 F: 315-649-2663

Request for Student Records				
	Date of Request:			
Originating School or Institution				
Name of Previous School or Agen	cy:			
Street Address:				
			ZIP:	
Phone Number:		Fax Number:	ax Number:	
Student's Information				
Legal Name: Last				
First				
Middle				
Birth Date:				
Grade Level:				
Student's Anticipated Start Date:				
'				
Signature of Parent/Guardian				
Relationship to Student				
The following records are hereby requested:				
☐ Transcripts and Recent Report (	Cards		Discipline Records	
☐ Test data/ Standardized test sco	ores		Immunization Records	
☐ English Language (ELL) test score (if applicable		)	Health/ Medical records	
☐ Current Schedule			Sports Physical Documentation	
Attendance Records			Psychological Records	
☐ Individual Literacy Plan (if applic	cable)		Sociological Records	
☐ IEP (Individual Education Plan)	if applicable		Copy of Birth Certificate	
☐ 504 Plan (if applicable)			Other	
Signature of Requesting School Representative:				
	School Reg	istrar		
Signature	Title		Date	

Email: tkimmis@lymecsd.org

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.