



Student Record Request Form

Date: _____

To whom it may concern: Please forward the following information, where applicable, to the office indicated below at your earliest convenience.

Student's Name: _____

Student's DOB: _____

School Transferring to: _____

School to release Records: _____

Address: _____

Phone: _____ Fax: _____

Parent Signature: _____ Date: _____

Items Requested: ___ All Records (Immunization, attendance, progress report, etc.)

___ Immunization Records

___ Progress Report

___ Discipline Records

___ Psychological Records

___ Attendance Records

___ Special Ed. Records (including most recent IEP or 504 Plan)

Other: _____

Please send records to:
Destine Preparatory Charter School
Attention: Operations Manager
530 Franklin St, 3rd Floor
Schenectady, NY 12305
Email address: mbrydie@destineprepcharterschool.org