

PUBLIC SCHOOLS

375 Locust Lane, Roslyn Heights, NY 11577 516-801-5060 Fax 516-801-5068 <u>www.roslynschools.org</u>

OFFICE OF PUPIL PERSONNEL SERVICES & SPECIAL EDUCATION

Barbara Schwartz Director Marnie Cohen, Assistant Director Cindy Samide, Assistant Director

AUTHORIZATION FOR TRANSFER OF STUDENT RECORDS DATE:			
STUDENT NAME: DA		TE OF BIRTH:	
LAST SCHOOL ATTENDED (NAME (OF SCHOOL AND CONTACT INFORMA	ATION):	
		,	
PHONE # and EMAIL ADDRESS of Sc	hool Contact(s):		
GRADE ATTENDED AT LAST SCHO	OL:		
·	TTENDANCE, and SPECIAL EDUCATIO		
·-	icable), concerning the above-named student e send us a description of your grading system		
translation where necessary. Please forward		as well as all Eligish	
Michelle Hazen, Principal	Mrs. Sherry Ma, Principal	Mrs. Mary Wood, Principal	
Harbor Hill School	East Hills School	Heights School	
3 Glen Cove Road	400 Round Hill Road	240 Willow Street	
Greenvale, NY 11548	Roslyn Heights, NY 11577	Roslyn Heights, NY 11577	
Fax: (516) 801-5408	Fax: (516) 801-5308	Fax: (516) 801-5508	
Mr. Craig Johanson, Principal	Mrs. Tanya Baptiste	Mrs. Barbara Schwartz	
Roslyn Middle School/Guidance	Director, Guidance & Counseling (K-12)	Director, Pupil Personnel	
375 Locust Lane	Roslyn High School	Services & Special Education	
Roslyn Heights, NY 11577	475 Round Hill Road	375 Locust Lane	
Fax: (516) 801-5208	Roslyn Heights, NY 11577	Roslyn Heights, NY 1577	
	Fax: (516) 801-5138	Fax: (516) 801-5068	
Your prompt response is greatly appreciate	ed.		
Barbara Schwartz			
AUTHORIZATION F	OR TRANSFER OF STUDENT RECORDS		
I hereby give my permission to Roslyn F	Public Schools to obtain any and all the records	indicated above for the following	

PLEASE PRINT STUDENT'S FULL NAME

DATE

SIGNATURE OF PARENT/GUARDIAN