



NORTH BABYLON

UNION FREE SCHOOL DISTRICT

5 Jardine Place, North Babylon, NY 11703

Glen A. Eschbach
Superintendent of Schools

Date: _____

To the Principal of: _____

Address: _____

_____ has enrolled in grade _____ in the North Babylon School District. Therefore, it would be appreciated if you would forward the following information to the District Registration Office:

- Academic Records (All academic records including report cards, standardized testing results, NYS test results, NYSESLAT scores, ESL history and LabR results, etc.)
- Health Records
- Immunization Records
- Attendance Records
- Psychological Records
- Pertinent Facts (any additional information that would aid us in his/her placement and/or services they may require)

Thank you for your cooperation.

Please mail to: North Babylon Union Free School District
5 Jardine Place
North Babylon, NY 11703

Sincerely,
Director of Student Data Services

AUTHORIZATION FOR THE RELEASE OF INFORMATION

To: _____
(Insert School Name)

I authorize you to release to the North Babylon Public Schools, all information relating to

Student's Name

Parent's Signature

Date