



REQUEST FOR TRANSFER OF STUDENT RECORDS

School Fax #: _____ Today's Date _____

Student Name: _____ **DOB:** _____ **Grade** _____

The above named student has enrolled in Hudson Hills Academy. Please forward the required information to us as soon as possible. Required information is the record of work as the withdrawal date and includes:

- Transcript
 - Latest Report Card
 - Standardized test scores
 - Health Records
 - I.E.P/504 (If applicable)
 - Psychological reports (if applicable)
- * **Disciplinary records** - (if any)
 - * Any other pertinent information which will assist us in placing this student

Authorization:

To Parent of Legal Guardian:

Please complete and sign below. We will forward this request to the student's former school.

To: _____

Attention: _____

(Name & Location of School)

School Contact Person (if applicable)

I hereby authorize the sending of all school records regarding the above named student to Hudson Hills Academy.

Print Name: _____

Signature: _____

Please fax, email or mail to: (845)765-8803 (fax) admin_lori@hudsonhills.org (email)

Hudson Hills Academy, 40 Rector St. Beacon, NY 12508 (mail)

If you have any questions, please call (845) 765-8802

