

HONEOYE FALLS-LIMA CENTRAL SCHOOL DISTRICT

20 Church Street, Honeoye Falls, NY 14472 (585) 624-7000

Date: _____

REQUEST FOR RECORDS

I hereby authorize the Honeoye Falls-Lima Central School District to receive and/or send school records for:

Student Name: _____

Date of Birth: _____ Current Grade: _____

Request Records from/to: _____

School Name

Address

Telephone Number Fax Number Contact Person

Please forward the following to the school site circled below:

- Attendance Records 504 Report Cards
- Disciplinary Records IEP Transcript
- Health Records Other
- Grade 3 - 8 State Tests Psychological Reports
- Any Evaluations (ie Speech, OT, PT etc)

NOTE: Information from student records shall only be transferred to a third party on the condition that such party will not permit any other party to access such information without consent of the parent or person in parental relation to the student.

High School
Attn: Counseling Office
83 East Street
Honeoye Falls, NY 14472
Phone: (585) 624-7060
Fax: (585) 624-7119

Middle School
Attn: Counseling Office
619 Quaker Meeting House Road
Honeoye Falls, NY 14472
Phone: (585) 624-7110
Fax: (585) 624-7121

Manor Elementary School
Attn: Stephanie DeMeo
147 East Street
Honeoye Falls, NY 14472
Phone: (585) 624-7160
Fax: (585) 624-3722

Lima Primary School
Attn: Rita deKramer
7342 College Street
Lima, NY 14485
Phone: (585) 624-7140
Fax: (585) 624-7155

<i>For office use only</i>
Sent to HF-L school site:

Date
First request sent to former school:

Date

Parent Signature: _____ Date: _____