



City School District of Albany
Department of Special Education Services
Harriet Gibbons School
75 Watervliet Avenue
Albany, New York 12206
(518) 475-6150 FAX: (518) 475-6136

REQUEST FOR SPECIAL EDUCATION and ACADEMIC RECORDS

Date: _____

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

It has come to our attention that the above-mentioned student is currently enrolled or is planning to enroll in Albany City School District and has previously received special education services through your District. At this time we are requesting any Special Education records and/or any information that is pertinent to the student's success here in Albany City School District.

Name of Former School: _____ **School District:** _____

Contact Person: _____ **Email address:** _____

Phone Number: (____) _____ - _____ **Fax Number:** (____) _____ - _____

Address: _____

Number/Street Address

City

State

Zip Code

Signature of Parent/Guardian: _____ **Date:** _____

New York State Education (SED) has provided clarification regarding the transfer of records. Officials from SED have indicated that according to the Family Education Rights and Privacy Act (FERPA 34 C.F.R. Part 99, as amended 4/11/98), prior consent to disclose information is not required under certain situations. This law states, in part (§99.31 (1) (2)), that "officials of other schools in school systems in which the student may intend to enroll" may receive the student's record without a written consent for such release. Since Part 116.1(b) of NYCRR requires that educational programs and services conducted or supervised by a State department, agency or political subdivision shall be subject to review by the Commissioner of Education, officials of these educational programs qualify to receive student's records without written consent. Please be advised that the educational agency or institution releasing the records is subject to the requirements of §99.34 and must make a reasonable attempt to notify the student's parents, and upon parental request, provide the parent with a copy of the records disclosed.

Therefore, we hereby request that the following Special Education and Academic Records on the above-mentioned student as soon as possible:

All Special Education and Academic Records listed below:

- Current I.E.P. (Please "transfer" IEP via IEP Direct, if you have it)**
- Behavioral History and Evaluations (FBA, BIP, etc.)**
- Most recent Psychological Testing and Social History**
- Educational Assessments (i.e. Woodcock Johnson Testing)**
- Related Services Evaluations (Counseling, Speech, OT, PT, etc.)**
- Most recent Physical and Immunization records**
- Transcripts for High School students**
- Level 1 Assessments (ages 12 and older)**
- Student transcripts, academic records, standardized test scores, report cards, cumulative health records, attendance records, Regents scores, etc.**
- Other:** _____

Thank you for your prompt cooperation in this matter. If you have any questions, please contact me at (518) 475-6150.

Sincerely,
Catie Magil
CSE Chairperson