

Robert M. Grable Jr.
MOUNT SINAI HIGH SCHOOL

Gertrude Goodman Drive, Mount Sinai, New York 11766
(631) 870-2870
Fax (631) 473-6319

REQUEST FOR RECORDS

DATE: _____

To Whom it May Concern:

My child, _____ D.O.B _____ Grade _____,
was a former student at your school and has now been registered in the Mount Sinai School District.
Please forward the following information to the Guidance Office of the high school at the above address.

1. Cumulative records
2. Copy of the permanent record
3. All pertinent psychological and testing information (IEP/504)
4. Current report card or withdrawal grades
5. Health / immunization records
6. Science labs if applicable

Thank you for your cooperation.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PRINT)

ADDRESS