

Cobleskill – Richmondville Central School District
155 Washington Avenue
Cobleskill, NY 12043
518-234-3165
REQUEST FOR RECORDS

Student's Name: _____ DOB: _____ Current Grade: _____

Date of Enrollment in CRCS: _____

Name and Mailing Address of Previous School: _____

School Phone: _____ School Fax: _____

Please be advised that my child, previously enrolled in your school, has transferred to **Cobleskill – Richmondville Central School District**. I hereby authorize the following information on my child to be sent to the school indicated below:

Regular and Special Education

- Academic (including all high school science labs)
- Cumulative Health Record
- Immunizations
- Standardized Test Results
- Most recent report card
- Social Work
- Record of Birth
- Attendance Record
- Other pertinent data to ensure proper placement of student

Special Education Only

- * Current IEP
- * Psychological Report
- * Social History
- * Speech/Language Evaluation
- * Physical and/or Occupational Therapy report
- * Behavior Management Plan (FBBA-BIP)

Name of Parent: _____

Signature of Parent/Guardian: _____

Please send records to the school checked below:

____ George D. Ryder Elementary School – 143 Golding Drive, Cobleskill, NY 12043
Phone: 518-234-2585 Fax: 518-234-7956 E-Mail: Aspinwallp@crccd.org

____ Joseph B. Radez Elementary School – 319 Main Street, Richmondville, NY 12149
Phone: 518-294-6621 Fax: 518-294-6425 E-Mail: Davisk@crccd.org

____ William H. Golding Middle School – 193 Golding Drive, Cobleskill, NY 12043
Phone: 518- 234-8368 Ex 2020 Fax: 518-234-4114 E-Mail: Johnstonep@crccd.org

____ Cobleskill – Richmondville High School – 1353 Route 7, Richmondville, NY 12149
Phone: 518-234-2579 Ex 1007 Fax: 518-234-9006 E-Mail: Gravinajq@crccd.org

