

# LONG BEACH PUBLIC SCHOOLS

(PLEASE INSERT THE ADDRESS OF THE SCHOOL THE STUDENT PREVIOUSLY ATTENDED)

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: LONG BEACH PUBLIC SCHOOLS

I hereby authorize you to release any and all pertinent records including, but not limited to academic, health, psychological and all testing for the following pupil:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please forward records to the building indicated: (office use)

\_\_\_\_\_ East School, 456 Neptune Blvd., Long Beach, NY 11561

\_\_\_\_\_ West School, 91 Maryland Avenue, Long Beach, NY 11561

\_\_\_\_\_ Lido School, 237 Lido Blvd., Lido Beach, NY 11561

\_\_\_\_\_ Lindell School, 601 Lindell Blvd., Long Beach, NY 11561

\_\_\_\_\_ Middle School, Guidance Dept., 239 Lido Blvd., Lido Beach, NY 11561

\_\_\_\_\_ Long Beach High School, Guidance Dept., 322 Lagoon Drive West, Lido Beach, NY 11561

\_\_\_\_\_ Pre-Kindergarten, 322 Blackheath Rd., Lido Beach, NY 11561

\_\_\_\_\_ Pupil Services, Special Education Coordinator, 601 Lindell Blvd., Long Beach, NY 11561

Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

Note: To: Elementary, Middle and High Schools

When records are received from previous school, please send copies of any special education records to the PPS office. Thank you.