



New Roots Charter School

Record Release Form

I give permission for all of my child's school records to be released to New Roots Charter School. This includes any health records, cumulative transcripts, psychological reports, and Individualized Education Plans (IEP).

Student's Information

Child's Name: _____

Child's Birth Date: _____

Current School's Information

Current School's Name: _____

Current School District: _____

Current School's Address: _____

Current School Phone #: _____

Current Grade: _____

Parent's Information

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Please forward records to:
New Roots Charter School
P.O. Box 936
Ithaca, NY 14851