



Bethlehem Central School District  
Office of the Registrar  
Educational Service Center  
90 Adams Place  
Delmar, New York 12054  
(518) 439-7481  
(518) 475-0352 FAX

Date Mailed or Faxed:

Authorization for the Release or Transfer of Information

**Student Name:** \_\_\_\_\_

Name and address of school last attended:

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone and /or Fax:** \_\_\_\_\_

The above student has enrolled in our school district. **Please forward all school records including health, psychological, academic and other data.** Thank you for your assistance.

MAIL TO:

Office of Central Registration  
90 Adams Place  
Delmar, New York 12054  
(518) 439-7481  
(518) 475-0352 fax

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date