



STUDENT RECORDS RELEASE FORM

I authorize the release of any and all academic, health and psychological records by my child's previous school to the Green Tech High School. If there are any questions please call (518) 694-3400.

Date: _____

Student's Name: _____

Student's DOB: _____

Student's Grade: _____

Prior School Name: _____

Parent/Guardian Name (Please Print): _____

Please forward these records to the Records Office at:

Green Tech High Charter School
99 Slingerland Street
Albany, NY 12202

OR

Fax: (518) 694-3401

99 Slingerland Street, Albany, NY 12202

Phone: 518-694-3400 | Fax: 518-694-3401 | email: info@greentechhigh.com