



NISKAYUNA CENTRAL SCHOOL DISTRICT

STUDENT EXIT FORM

I hereby request and authorize Niskayuna Central Schools to send the following information to the school(s) noted below for the following student(s):

- Academic Records (transcript of grades, including current grades from last marking period to date of withdrawal, report cards, etc.)
- Attendance Record
- Health and Immunization records

Full Name of Student(s)	Current Niskayuna School (Exiting From)	Current Grade	New School District Name & State

Last day in Niskayuna School District: _____

Parent/Guardian Signature: _____

Date: _____

FOR DISTRICT USE ONLY

Verified by: _____

Principal: _____

Verified by: _____

Registrar: _____

Verified by: _____

Complete: _____