



# SPENCERPORT CENTRAL SCHOOL DISTRICT

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*Spencerport High School*

*E.J. Wilson Building*

2707 Spencerport Road  
Spencerport, NY 14559

## RELEASE OF EDUCATIONAL RECORDS (7240.9)

I \_\_\_\_\_ born \_\_\_\_\_  
Student's Name

give Spencerport Central Schools permission to release my educational and special needs records, all college entrance exams, and letters of recommendations to any school, college, employer, or military as requested. I waive my right to access all letters of recommendation used for educational and employment purposes.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature (if under 18)*

\_\_\_\_\_  
*Date*

**VALIDITY PERIOD OF THIS FORM IS 5 YEARS**

*Our Mission is to educate and inspire each student to love learning, pursue excellence and use knowledge, skills and attitudes to contribute respectfully and confidently to an ever-changing global community.*