



# Schuylerville Student Services Center

Schuylerville Jr.-Sr. High School  
14 Spring St., Schuylerville, NY 12871  
Telephone: (518) 695-3255, ext. 2239  
Fax: (518) 695-9671

John Haggerty

*Director of  
Student Services*

Carrie Bean

*Guidance Counselor*

John Guay

*Guidance Counselor*

Erin Welch

*Guidance Counselor*

Janine O'Brien

*Career Education  
Coordinator*

Stephen Rossley

*Career Education  
Coordinator*

Karen Passalacqua

*School Psychologist*

Leigh Smith

*Intervention Counselor*

Pam Driscoll

*School Nurse-Teacher  
W.A.V.E. Coordinator  
ext. 2244*

Yvette Grimes

*School Nurse  
ext. 2295*

Betty Armenio

*Registrar*

Debbie McCarty

*Secretary*

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: REQUEST FOR RECORDS

\_\_\_\_\_ has recently enrolled in the \_\_\_\_\_  
grade and has given the name of your school as the last one attended.

Please send the following information so that we can make the proper placement.

\_\_\_\_\_ Cumulative Scholastic Records

\_\_\_\_\_ Current Grades to the Date of Withdrawal

\_\_\_\_\_ Health/Attendance Record

\_\_\_\_\_ Standardized Test Scores

\_\_\_\_\_ State Competency Testing Results

\_\_\_\_\_ Psychological Test Scores and/or IEP

\_\_\_\_\_  
REGISTRAR

I hereby request that you furnish any necessary information and/or transcripts concerning the education of my son/daughter, named above, to any educational institution requesting such information.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN