

**SYRACUSE CITY SCHOOL DISTRICT**  
**HEALTH SERVICES**

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To Whom It May Concern:

These school medical records are intended only to document the mandated screening requirements of the State of New York and do not represent or replace the much more comprehensive diagnostic examinations, assessments, evaluations and in-depth care and record keeping procedures rendered by the individuals own personal physician.

Richard P. Kulak, D.O.  
Health Services

I hereby request the written records of my child, \_\_\_\_\_.  
These records will not be used for the purpose of a complete physical examination elsewhere, including camp physicals, summer physicals, employment physicals (unless working paper exam completed) or any other purpose other than serving the Syracuse City School District.

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*Signature of Parent/Guardian*