

Pupil Services
Request for Release of Records

Please type or print clearly

I hereby consent to the release of my records/my child's records.

Student's Name _____ Date of Birth _____
Address _____ City State Zip _____ Current Grade Level _____

The records to be released are: (Please check selected records and initial for verification of consent)

_____ **Official Administrative Record** initial _____
(Name, address, birthdate, grade level completed, grades, credit, class standing, attendance)
_____ **Standardized Achievement Test Scores** initial _____
_____ **Intelligence and Aptitude Test Scores** initial _____
_____ **Teacher and Counselor Observations and Rating** initial _____
_____ **Record of Extracurricular Activities** initial _____
_____ **Health Records** initial _____
_____ **Psychological Reports** initial _____
(All pertinent Special Education documents CER, NORA, IEP, MDE, etc.)
_____ **Disciplinary Records** initial _____
_____ **Other** _____ initial _____

These records are being released for the following reason(s) and or purpose(s):

Please send the records selected to the following school or agency:

To the attention of School or Agency Personnel if known _____ **Records being released to or from:**
Name of School or Agency _____ Name of School or Agency _____
Address _____ Address _____
City State Zip _____ City State Zip _____

Signature of Parent/Guardian _____ Date _____

Please send records to:
Attn: _____ Riverview Jr-Sr High School Tenth St. Elementary School Verner Elementary School
100 Hulton Road 901 Pennsylvania Avenue 700 First Street
Oakmont, PA 15139 Oakmont, PA 15139 Verona, PA 15147