

**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  
100 Hulton Road  
Oakmont, PA 15139

Attn: \_\_\_\_\_  
Tenth St. Elementary School  
901 Pennsylvania Avenue  
Oakmont, PA 15139

Attn: \_\_\_\_\_  
Verner Elementary School  
700 First Street  
Verona, PA 15147