

ST. MARYS AREA SCHOOL DISTRICT

South St. Marys Street Elementary School
370 South St. Marys Street
St. Marys, PA 15857
Telephone: (814) 834-3021
FAX: (814) 834-7814

RECORD RELEASE AUTHORIZATION

Student Name

Grade

I hereby authorize the _____, to send a copy of my child's school records. This authorization includes verbal and written information concerning my child, _____, date of birth _____.

Please send this information to: **South St. Marys Street Elementary School
Mrs. Christine Kuhar-Principal
370 South St. Marys Street
St. Marys, PA 15857**

Records should include:

- 1. Academic (grades, test results, report cards, etc.)**
- 2. Medical and Dental**
NOTE: Please FAX Birth Certificate and Immunization Records Immediately to (814-834-7814)
- 3. Personal**
- 4. Disciplinary**
- 5. Psychological and Treatment Plan, if applicable**
- 6. Psychiatric Evaluation and Treatment Plan, if applicable**
- 7. Special Education Records, if applicable (ie: ER, IEP, NOREP, etc.)**
- 8. Other _____**

I also acknowledge being informed that I may request a copy of the school records if desires and/or have the opportunity to receive a copy of the content of the school records.

Date

Parent/Guardian Signature