

LAKELAND SCHOOL DISTRICT 1355 Lakeland Drive Scott Township, Pennsylvania 18433

Telephone: 570-254-9485

Fax: 570-254-6730

Records Release Authorization

TO BE COMPLETED BY PARENT/GUARDIAN/ADULT STUDENT:

Student Name:	Grade:	Date of Birth
Previous School Name:	Previous School Phone:	
Previous School Address:		
The purpose for this release is:		
To Whom It May Concern:		
I hereby permit the Lakeland School District to receive/release records and/or information on the student listed above.		
(Signature of Parent/Guardian/Adult Student)		(Date)
(Local Address/Future Local Address)		
(PROPER ID MUST BE PRESENTED)		
Parent/Guardian DRIVER'S LICENSE: StateNumber		
TO BE COMPLETED BY OFFICIAL:		
Please release the following information to the requesting school entity:		
Official Administrative Record	PSSA Scores	
Standardized Test Scores	☐ ER	
☐ Intelligence and Aptitude Test Scores	☐ IEP/GIEP/504	
Personality and Interest Test Scores	□NOREP	
☐ Teacher and Counselor Observations and Ratings	☐ Title I Reading	
Record of Extracurricular Activities	☐ Title I Math	
Family Background Date	☐ PASecure ID#	
Health Records	Other	
☐ Disciplinary Records		
Fax/Email/Mail information to attention:	Fax #	‡

24 P.S. §13-1301 – §13-1306. Whenever a pupil transfers to another Pennsylvania school entity or nonpublic school, a certified copy of the student's disciplinary record shall be transmitted to the school entity or nonpublic school to which the pupil has transferred. The school entity or nonpublic school to which the student has transferred should request the record. The sending school entity or nonpublic school shall have 10 days from receipt of the request to supply a certified copy of the student's disciplinary record.