

ST. MARYS AREA SCHOOL DISTRICT

Bennetts Valley Elementary School
19073 Bennetts Valley Highway
Weedville, PA 15868
Telephone: (814) 787-5481
FAX: (814) 787-8766

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:

**Mrs. Christine Kuhar-Principal
Bennetts Valley Elementary School
19073 Bennetts Valley Highway
Weedville, PA 15868**

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 (814-787-8766)
- 3. Personal**
- 4. Disciplinary**
- 5. Psychological and Treatment Plan**
- 6. 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