



DOWNINGTOWN AREA SCHOOL DISTRICT

Authorization to Release Previous School Records

Student Name: _____

Last

First

Middle

D.O.B.: _____ **Enrollment Grade:** _____ **DASD Building:** _____

I, _____ am the parent or legal guardian of the above mentioned student and hereby authorize the Downingtown Area School District to receive from and disclose information to the following organization regarding my child:

Name of Previous School: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

In accordance with Section 1305-A of the Public School code of 1949, as amended, please transmit a certified copy of the following records of the student listed above who has applied for enrollment in the Downingtown Area School District.

- Most recent report card
- Academic records
- Discipline records
- Standardized test scores
- Attendance records
- Health and immunization records
- Special education records (*include most recent E.R/R.R, I.E.P/G.I.E.P/504, NOREP/NORA*)
- State proficiency exams
- Other: _____

Use [Infofinder](http://www.infofinderi.com/ifi/?cid=DA3V7H26K66) (<http://www.infofinderi.com/ifi/?cid=DA3V7H26K66>) to see which school your child will attend

Please forward records to the following DASD school:

Name of Parent/Guardian:

Relationship to Student

Parent/Guardian Signature:

Date