DANVILLE AREA SCHOOL DISTRICT

REQUEST FOR RELEASE OF PUPIL RECORDS

TO: _____
(school your student currently attends /last attended)

PHONE: _____ FAX: _____

The student indicated below has enrolled in the Danville Area School District.

Student Name:_____ Birth Date:_____

Date Registered:_____ Grade Entering:_____

PLEASE SEND THE FOLLOWING RECORDS:

_____PA SECURE ID# (if PA student)
_____SCHOLASTIC RECORDS
(including elementary and middle school)
_____ STANDARDIZED TEST SCORES
_____ SUPPORT SERVICES
(including IEP, ER/RR Norep, etc.)

_____ ORIGINAL HEALTH RECORDS
_____ DENTAL RECORDS
_____ IMMUNIZATION RECORDS
_____ DISCIPLINE RECORDS
_____ PSYCHOLOGICAL EVAL. RESULTS
_____ BIRTH CERTIFICATE
_____ CHAPTER 339 CAREER COUNSELING PLAN

******PLEASE INCLUDE ALL GRADES AND CREDIT VALUES TO DATE OF WITHDRAWAL******

As the parent or guardian of_____, I authorize these materials to be forwarded to:
Student's name

_____ **Danville Primary School**
Tracy Shaffer/Heather Brady
931 Ironmen Lane
Danville, PA 17821
PHONE: 570-271-3268 ext.2100
FAX: 866-274-6209
tshaffer@danvillesd.org
hbrady@danvillesd.org

_____ **Liberty Valley Intermediate School**
Amy Wieand
327 Liberty Valley Road
Danville, PA 17821
PHONE: 570-271-3268 ext.3400
FAX: 866-428-5112
awieand@danvillesd.org

_____ **Danville Middle School**
Denise Calvin
252 Northumberland Street
Danville, PA 17821
PHONE: 570-271-326ext.3800
FAX: 866-283-7030
dcalvin@danvillesd.org

_____ **Danville High School**
Lauren Parker
733 Ironmen Lane
Danville, PA 17821
PHONE: 570-271-3268 ext.1150
FAX: 866-240-4318
lparker@danvillesd.org

_____ **Special Education Dept.**
Dana Earnest
931 Ironmen Lane
Danville, PA 17821
PHONE: 570-271-3268 ext.3719
FAX: 866-274-6209
dearnest@danvillesd.org

_____ _____
Signature of district personnel requesting information Signature of parent/guardian

Child Accounting / Registrar
_____ _____
Position Date