

UPPER ADAMS SCHOOL DISTRICT
REQUEST FOR TRANSFER OF EDUCATIONAL & DISCIPLINARY RECORDS

TO: School Name: _____
Address: _____
Phone: _____ Fax: _____
Email Address: _____

FROM: ☐ Biglerville Elementary School (grades K-3)
3270 Biglerville Road, Biglerville, PA 17307
Phone: (717) 677-5200 Fax: (717) 677-0101
Email: lramsburg@upperadams.org

☐ Upper Adams Intermediate School (grades 4-6)
136 Fohl Street, P. O. Box 340, Arendtsville, PA 17303
Phone: (717) 677-4300. Fax: (717) 677-4330
Email: s.tuckey@upperadams.org

☐ Upper Adams Middle School (grades 7-8) **or** ☐ Biglerville High School (grades 9-12)
161 N. Main St., P. O. Box 847, Biglerville, PA 17307
Phone: (717) 677-7191 Fax: (717) 677-0142
Email for UAMS: k.flook@upperadams.org
Email for BHS: b.roberts@upperadams.org

RE: Student Name: _____ Grade: _____ DOB: _____

The student referenced above recently enrolled in our school. Please forward the following:

1. All academic records, including the student's most recent report card;
2. All health records including the current immunization record, **mail original file if from a PA school;**
3. Any psychological, psychiatric, or confidential records;
4. Any and all special education and/or gifted education records including NOREP, NORA, evaluation/reevaluation reports, MDT reports, and/or current IEP/Section 504 Service Agreement/GIEP;
5. Discipline records (see request below);
6. Career Portfolio, Graduation Plans, & Act 158 Artifacts; and
7. **Pennsylvania Secure ID number** (if coming from a PA School) _____
8. Other: _____

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy, at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature: _____ Date: _____

Current Address: _____

CERTIFIED DISCIPLINARY RECORDS REQUEST

The Upper Adams School District has received a request from the parent/guardian of the above-mentioned student to enroll in our district. Under Section 24 PS 13-1305-A of the School Code regarding Transfer of Records, it states: *Whenever a pupil transfers to another school entity, a certified copy of the student's disciplinary record shall be transmitted to the school entity to which the pupil has transferred. The school entity to which the student has transferred should request the record. The sending school entity shall have ten (10) days from receipt of the request to supply a certified copy of the student's disciplinary record.*

Please complete: ☐ Student has had no disciplinary record at this school
☐ Student's certified disciplinary record will be forwarded with other records

Certified by: _____ Title: _____