

KUTZTOWN AREA HIGH SCHOOL
KUTZTOWN, PA 19530
610-683-7346
610-894-4801 (fax)
STUDENT RECORD RELEASE AUTHORIZATION

Please send the following portions of _____
name of student (while attending)

_____ year graduated/withdrew, DOB _____

cumulative school records to:

1. _____
University/College/School/Employer/Physician

Department/Attn: _____

Address _____

Address _____

2. _____
University/College/School/Employer/Physician

Department/Attn: _____

Address _____

Address _____

3. _____
University/College/School/Employer/Physician

Department/Attn: _____

Address _____

Address _____

4. _____
University/College/School/Employer/Physician

Department/Attn: _____

Address _____

Address _____

- a. _____ Official Administrative Record (name, address, birthdate, sex, academic level completed, grades, class standing, GPA, attendance records, parent's names and address, extra-curricular activities, standardized achievement test scores (Iowa, Terra Nova, PSSA, OLSAT), SAT scores, ACT scores, PSAT scores.
- b. _____ Medical Records
- c. _____ Personality and/or Interest Inventories*
- d. _____ Teacher and/or Counselor Observations and Evaluations*
- e. _____ Family Information and Background Data*
- f. _____ Disciplinary Action Records*
- g. _____ Psychological, psychiatric evaluations
- h. _____ NORA, IEP, if applicable

Date

Student's, Parent's/Guardian's Signature
NO Electronic Signatures

Phone Number

*These records will be destroyed after a student graduates from high school. updated 7/26