



AUTHORIZATION TO RELEASE RECORDS

I authorize _____ to release information to the
(previous school district)

EAST ALLEGHENY SCHOOL DISTRICT in regards to:

Student's Name

Date of Birth

PLEASE SEND RECORDS TO:

EAST ALLEGHENY SCHOOL DISTRICT
1150 Jacks Run Road
North Versailles, Pa 15137
Attn: Kristin Wagner
Ph# 412-824-8012 x 4150
F# 412-824-1062
Kwagner@eawildcats.net

INFORMATION TO BE FORWARDED SHOULD INCLUDE:

- Act 26 Records (Discipline/Expulsion)
- Grade Transcripts
- Attendance Records
- PA Secure ID
- Test Scores (Keystone, PSSA, Etc.)
- Immunization And Health Records
- Regular Education Assignment

If child received Special Education, services, the following are to be sent:

- I.E.P. - Individual Educational Program
 - NOREP - Notice of Educational Placement
 - Psychological/Psychiatric Report
 - Multi-Disciplinary Evaluation

The last day of attendance in your district for the student named above was: _____

THIS INFORMATION IS FOR PROFESSIONAL USE ONLY AND WILL REMAIN STRICTLY CONFIDENTIAL.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name (PRINT) _____