

REQUEST FOR STUDENT RECORDS

To the Principal/Guidance Counsellor/Registrar of:

(Name and Address of Previous School)

The following student: _____ / _____ / _____
Student's Full name Date of Birth Grade

has entered the North Pocono School District and attended your school previously.

According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) Dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in the school system in which the student may intend to enroll, may receive a student's records without consent for such release.

I authorize the release of records, as requested below.

Parent/Guardian Signature _____ Date _____

To expedite the student's enrolment and scheduling, please send the following information immediately to our Central Registration Office fax# 570-842-0886 or scan and email to cro@npsd.org.

- Pupil's Scholastic Records – including grades, credits, grades to date for this school year, and numerical grading profile
- Attendance and Discipline Records
- Standardized Test Results – including Keystone Test results, if applicable
- All Special Education Reports – including current IEP, Psychological report, Educational Report and Multidisciplinary Summary Report
- Health and Dental Records
- Copy of Birth Certificate
- Last report card and/or current withdrawal grades, if applicable
- Immunization Record
- Keystone Test Results, if applicable
- Chapter 339 – Career and Future Readiness

School to forward records to:

___ North Pocono High School, 97 Bochicchio Blvd, Covington Twp, PA 18444 Attn: Guidance Office
___ North Pocono Middle School, 701 Church Street, Moscow, PA 18444, Attn: Guidance Office
___ North Pocono Intermediate School, 701 Church Street, Moscow, PA 18444 Attn: Main Office
___ Moscow Elementary Center, 851 Church Street, Moscow, PA 18444 Attn: Main Office
___ Jefferson Elementary Center, 825 Lions Road, Jefferson Twp, PA 18436 Attn: Main Office

NPSD Central Registration Use Only : This request form was faxed to : _____ On: _____