

Divine Redeemer School
726 4th Avenue
Ford City, PA 16226
724-763-3761

PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student: _____
Student Date of Birth: _____
Current School Attending: _____

I hereby authorize Divine Redeemer School to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

Parent: Please leave address section below blank.
This section will be filled out by our staff. <or enter your school address with principal's name here>

(School, Agency, Individual)

(Street Address)

(City, State, Zip)

Parent/Guardian please sign and date below:

(Signature of Parent/Guardian) (Date)

RECORDS REQUESTED:

- _____ Attendance Data
- _____ Report Cards (Past and Current)
- _____ Group Aptitude and Achievement Testing
- _____ Health, Medical and Dental Records
- _____ Personal History
- _____ Psychological Reports
- _____ Psychiatric Evaluations
- _____ Special Education Due Process Papers and IEP
- _____ Speech and Language Evaluations
- _____ Instructional Support Plans and Summaries
- _____ Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list

