Authorization for Release of School/Confidential Records

The below named student has enrolled in our school and the following records must be obtained. Please fax/mail the information on the student listed below at your earliest convenience.

Name of Student: _____

Grade:_____ Date of Birth_____

Parent/Guardian:_____

Date of Request:_____ Date of Enrollment:_____

(To Be Checked by School Officials/please release all applicable records below :)

_____Transcripts
_____Grades to Date for Current School Year for Every Quarter
_____Grades to Date at Time of Withdrawal
_____Standardized, Achievement, Aptitude Test Scores
_____Student Discipline Record
_____Student Attendance
_____Health and Medical Data
_____Special Education Information (forms: Permission to Evaluate, ER, Invitation, IEP, NOREP), if applicable
_____Section 504 Information, Language Assessment Scales Scores (LAS)
_____College and Career Readiness Portfolio
_____Other Available Information

Request Sent to: _____
(School Last Attended)

_____
(Street)

_____
(City, State & Zip Code)

_____ _____
(Phone) (Fax)

Signature:_____Date:_____

****According to the final Regulations Family Educational Rights and Privacy Act (Buckley Amendment), dated June 17, 1978, it is no longer necessary to obtain written consent to release records between schools.**

Please Mail/Fax To: **Registration – Attention Mrs. Mannering**
Chartiers Valley School District
2030 Swallow Hill Road.
Pittsburgh, PA 15220
Phone (412) 429-2211
Fax (412) 429-2286