



OFFICIAL REQUEST FOR RELEASE OF RECORDS

To allow Saint Joseph School to receive all pupil records:

I, _____, parent/guardian of _____, date of birth _____, authorize the transfer of the following records from _____

Current School: _____

School Address: _____

School Phone: _____

School Fax: _____

I am aware that the following information will be used to assist my child and that it will be treated with confidentiality.

Records will include:

- Semester marks for all grades attended
- Achievement test scores
- Psychiatric/Psychological reports
- IEPs
- Treatment Plans
- OT/PT reports
- Medical reports
- Special Education records
- Audiological reports
- Discharge Summaries
- Health records
- Speech/Language Reports
- Behavioral Records
- Any other official records

Parent/Guardian printed name _____

Parent/Guardian signature _____

Representative of Saint Joseph School Corrinne A. Eck, Principal

Date _____

Please send all records via mail or fax to:
Saint Joseph School
2945 Kingston Road York, PA. 17402
(717) 751-0136 (fax)