

East Allegheny School District Authorization to Release Records



I authorize _____ to release information to the **EAST ALLEGHENY SCHOOL**
(previous school district)

DISTRICT in regards to:

Student's Name

Date of Birth

Please send records to (Check appropriate school):

EAST ALLEGHENY SCHOOL
DISTRICT 1150 JACKS RUN ROAD
NORTH VERSAILLES, PA 15137
ATTN: KRISTIN WAGNER
KWAGNER@EAWILDCATS.NET
PH# 412-824-8012 x4150
FAX# 412824-1062

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 TO BE USED FOR PROFESSIONAL PURPOSES ONLY AND WILL BE HELD STRICTLY
CONFIDENTIAL.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____