



PENNSBURY SCHOOL DISTRICT

134 Yardley Avenue • Post Office Box 338

Fallsington, Pennsylvania 19058-0338

Telephone (215) 428-4100

REQUEST FOR STUDENT RECORDS

Student's Name: _____

DOB: _____ Grade: _____

Enrolled In: _____ School

on _____ Date

The above student is now enrolled in school in our district. Please send the student's educational and health records, results of standardized testing, scholastic grades, attendance records, discipline records and any other appropriate data.

Please include psychological, psychiatric records, I.E.P. or other records relative to special education classification, if applicable.

Return to:

Secretary Signature

Secretary

Date

I approve of this request. Pursuant to the provisions of P.L. 93-380 (Family Educational Rights and Privacy Act of 1974) please comply with the above request for school records. You are advised that in dealing with these records, they will not be disclosed to any other party without prior written consent of the parent/guardian of the student or the eligible student.

Signature of Parent / Guardian / Eligible Student

Date