



SHIPPENSBURG AREA SCHOOL DISTRICT

REQUEST / AUTHORIZATION TO RELEASE ACADEMIC AND DISCIPLINE RECORDS

Name of the previous school attended: _____

Address and phone number: _____

This form is to request / authorize the release of records for the following student:

Name of student: _____ Date of birth: _____ Grade: _____

Name of parent/guardian: _____ Today's date: _____ Phone number: _____

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By checking this box, I/we grant Shippensburg Area School District permission to request records from the previous attended school including health, confidential information, psychological examinations and the below.

Please email or fax the documents below as soon as possible to

(registration@ship.k12.pa.us) or (717-530-2847)

- * Transcript and/or the most recent report card.
- * Immunization records.
- * Keystone testing scores.
- * Discipline records related to violations of ACT 26.
- * ESL records including WIDA scores.
- * Proof of age.
- * Special education records. (IEP, ER, NOREP)
- * Transportation discipline / bus referrals.

Please do not include or mail copies of social security cards.

Mail all documents to 317 North Morris Street Shippensburg, PA 17257

TO BE COMPLETED BY PRINCIPAL / ASSISTANT PRINCIPAL / SCHOOL OFFICIAL AT PREVIOUS SCHOOL

The student whose name is listed above: _____ does **not** have a discipline record related to ACT 26.

_____ does have a discipline record related to ACT 26.

Name and title of the school official completing this form:

Contact phone number: _____ Date completed: _____