



# SHIPPENSBURG AREA SCHOOL DISTRICT

317 N. Morris Street, Shippensburg PA 17257  
717.530.2700 www.shipk12.org

## 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: \_\_\_\_\_

**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](mailto: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: \_\_\_\_\_