



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

Date: _____ Name of Previous School: _____

Address/Phone #: _____

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

Name of student: _____ Date of Birth: _____ Grade: _____

Name of parent: _____ Today's Date: _____ Phone #: _____

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

Please email (registration@ship.k12.pa.us) or fax (717-530-2847) the following ASAP:

- * Transcript and/or the most recent report card.
- * Immunizations
- * ESL Records
- * Keystone Testing
- * Discipline records related to violations of Act 26.
- * Copies of Current IEP / ER / NOREP
- * Birth Certificate

PLEASE MAIL ALL ORIGINAL DOCUMENTS. * PLEASE DO NOT MAIL OR SEND SOCIAL SECURITY CARDS.

TO BE COMPLETED BY PRINCIPAL / ASSISTANT PRINCIPAL AT FORMER SCHOOL

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

_____ does have a discipline record as related to Act 26.

Name of school official completing this form: _____

Title of school official completing this form: _____

If officials of the Shippensburg Area School District have any questions, please indicate the name and telephone number of who has knowledge of this student.

Date: _____