



Fox Chapel Area School District

REQUEST FOR STUDENT RECORDS AND RELEASE

Please use this form to request records from other schools and facilities.

Student

NAME

DOB

Record Request

To obtain from/release to, and communication with

Please send records to

PHONE NUMBER
FAX NUMBER

- | | |
|---|--|
| <input type="checkbox"/> PA Secure ID | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Permanent School Records | <input type="checkbox"/> Special Education Records (Evaluation Reports and Individual Education Plans) |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Standardized Test Data |
| <input type="checkbox"/> Cumulative Records | <input type="checkbox"/> Other: |

Authorization to Release Student Records

I hereby authorize Fox Chapel Area School District to obtain from/release to, and communicate with the above school and/or agency. This consent will begin the date of signing and will expire one year later unless revoked in writing. I, the undersigned hereby acknowledge that I have read this authorization before its execution and fully understand the nature of this release. All information released will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

Date

Signature of Parent/Guardian

Signature of Witness

Signature of Student