

St. Sebastian Regional School



PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student: _____

Student Date of Birth: _____

Current School Attending: _____

School Address/Contact: _____

I hereby authorize **St. Sebastian Regional School** to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

ST. SEBASTIAN REGIONAL SCHOOL
815 BROAD AVE.
BELLE VERNON, PA 15012

efouch@sssbv.org or Fax 724-929-3038

Parent/Guardian please sign and date below:

(Signature of Parent/Guardian)

(Date)

RECORDS REQUESTED - PLEASE SEND TWO YEARS WORTH:

- X Attendance Data
- X Report Cards (Past and Current)
- X Group Aptitude and Achievement Testing
- X Health, Medical and Dental Records
- X Personal History
- X Psychological Reports
- X Psychiatric Evaluations
- X Special Education Due Process Papers and IEP
- X Speech and Language Evaluations
- X Instructional Support Plans and Summaries
- X Discipline Reports
- X Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available)

Please list:

