



## REQUEST FOR RELEASE OF RECORDS

Please provide an official copy of all records requested below to Saint Joseph School, York for the following student:

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date Student will start at St. Joseph: \_\_\_\_\_

### Parent Permission for Release:

I, \_\_\_\_\_, parent/guardian of student listed above, authorize the transfer of the following records from:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

I am aware that the following information will be used to assist my child and that it will be treated with confidentiality.

Records will include:

- Semester marks for all grades attended
- Achievement test scores
- Psychiatric/Psychological reports
- IEPs
- Treatment Plans
- OT/PT reports
- Medical reports
- Special Education records
- Audiological reports
- Discharge Summaries
- Health records
- Speech/Language Reports
- Behavioral Records
- Any other official records

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Please send all records via mail or fax to:  
Saint Joseph School  
Attn: Records  
2945 Kingston Road York, PA. 17402  
Fax: (717) 751-0136

For Office Use Only:

1<sup>st</sup> Request Sent: \_\_\_\_\_ 2<sup>nd</sup> Request Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Filed: \_\_\_\_\_