St. Joseph School
York, PA • sjy.org

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:

1st Request Sent:_____ 2nd Request Sent:_____

Date Received:_____ Date Filed:_____