



East Allegheny School District Authorization for Release of Information

I authorize _____ to release information to the **EAST ALLEGHENY SCHOOL DISTRICT** in regards to:

Student's Name

Date of Birth

Please send records to (Check appropriate school):

LOGAN ELEMENTARY SCHOOL
1154 JACKS RUN ROAD
NORTH VERSAILLES, PA 15137
PHONE: 412-824-6053
FAX: 412-824-6095

EAST ALLEGHENY JUNIOR/SENIOR HIGH SCHOOL
1154 JACKS RUN ROAD
NORTH VERSAILLES, PA 15137
PHONE: 412-824-9700
FAX: 412-825-4570

INFORMATION TO BE FORWARDED SHOULD INCLUDE:

- ACT 26 RECORDS (DISCIPLINE/EXPULSION)
- GRADE TRANSCRIPTS
- ATTENDANCE RECORDS
- PA SECURE ID
- TEST SCORES (KEYSTONE, PSSA, ETC.)
- IMMUNIZATION AND HEALTH RECORDS
- REGULAR EDUCATION ASSIGNMENT
- IF CHILD RECEIVED SPECIAL EDUCATION, SERVICES, THE FOLLOWING ARE TO BE SENT:
 - I.E.P. - INDIVIDUAL EDUCATIONAL PROGRAM
 - NOREP - NOTICE OF EDUCATIONAL PLACEMENT
 - PSYCHOLOGICAL/PSYCHIATRIC REPORT
 - MULTI-DISCIPLINARY EVALUATION

The last day of attendance in your district for the student named above was: _____

THIS INFORMATION IS TO BE USED FOR PROFESSIONAL PURPOSES ONLY AND WILL BE HELD STRICTLY CONFIDENTIAL.

Parent/Guardian Name (Print)

Signature

Date