

# East Allegheny School District Authorization to Release Records



I authorize \_\_\_\_\_ to release information to the **EAST ALLEGHENY SCHOOL**  
(previous school district)

**DISTRICT** in regards to:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

Please send records to (Check appropriate school):

EAST ALLEGHENY SCHOOL  
DISTRICT 1150 JACKS RUN ROAD  
NORTH VERSAILLES, PA 15137  
ATTN: KRISTIN WAGNER  
KWAGNER@EAWILDCATS.NET  
PH# 412-824-8012 x4150  
FAX# 412824-1062

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_