

East Allegheny School District Authorization for Release of Information

DISTRICT in regards to: Student's Name Date of Birth Please send records to (Check appropriate school): EAST ALLEGHENY SCHOOL DISTRICT – (Grades K-12) 1154 JACKS RUN ROAD NORTH VERSAILLES, PA 15137 Attn: Rhonda Paredes, Central Registrar PHONE: 412-824-1062 paredes@eawildeats.net registration@eawildeats.net 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 EDUCATIONA, 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.	I authorize	to release informa	tion to the EAST ALLEGHENY SCHOOL
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Parent/Cuardian Name (Print) Signature Date	Parent/Guardian Name (Print)	Signature	 Date