



## East Allegheny School District Authorization for Release of Information

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 – (Grades K-12)  
1154 JACKS RUN ROAD  
NORTH VERSAILLES, PA 15137  
Attn: Rhonda Paredes, Central Registrar  
PHONE: 412-824-8012 x 4150  
FAX: 412-824-1062  
[rparedes@eawildcats.net](mailto:rparedes@eawildcats.net)  
[registration@eawildcats.net](mailto:registration@eawildcats.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 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