



CONSENT FOR RELEASE OF INFORMATION

(Applicable to students entering grades 1st through 8th)

We, the parents or guardians of: _____
Student's name

Grade (current)

Grant our consent for: _____
Former school name

Former School address

to release information and school records from the above student's former school to **St. Teresa of Calcutta Catholic School**. It is our understanding that these records will be used for the purpose of planning an appropriate educational program and will not be released to any outside agency or person without permission.

The information released may include such educational, psychological, medical records and discipline records as requested by **St. Teresa of Calcutta Catholic School** as indicated on the checklist at the bottom of this form.

Please forward all requested records within ten (10) days of receipt of this form.

(Parent/Guardian Signature)

(Parent/Guardian Signature)

(Date)

(Date)

Academic Records

Notice of Recommended Assignment

Remedial Program Materials- Title 1

IEP (Individual Education Program)

Health & Dental Records

Speech

Psychological Records

Learning Support

Discipline Records

Life Skills Support

- Section 1305 of the Safe Schools Act, states that "a certified copy of the student's disciplinary record shall be transferred to the school entity to which the pupil has transferred."

Business Office/Grades 4-8: 316 North Street, McSherrystown, PA 17344 • 717-637-3135

Grades K-3: 55 Basilica Drive, Hanover, PA 17331 • 717-632-8715

businessoffice@stck8school.org www.stck8school.org