

Ridgway Area School District

WRITTEN AUTHORIZATION TO REQUEST / RELEASE STUDENT RECORDS TO A SCHOOL DISTRICT

What is the Purpose of This Form?

This form is used to obtain parental permission to request records or release records to another school district. Note – Parental permission is not required as per FERPA if a student is transferring.

Who Should File This Form?

Administrators and guidance counselors should use this form when a student enrolls in the district or when a parent requests that records be sent to another district in which they intent to enroll.

When Should this Form be Filed?

Immediately upon enrollment or parental request.

Special Notes:

Releases should be secured to obtain records from all school districts in which the student was enrolled.

Revised: October 2022

**RIDGWAY AREA SCHOOL DISTRICT
62 SCHOOL DRIVE
RIDGWAY, PA 15853**

IMPORTANT: Send information to the attention of the office selected below using the above mailing address:

☐ **ELEMENTARY OFFICE**
TEL: 814/776-2176
FAX: 814/776-4297

☐ **MIDDLE/ HIGH SCHOOL OFFICE**
TEL: 814-773-3164
FAX: 814-776-4247

☐ **OFFICE OF STUDENT SERVICES**
TEL: 814/776-4255
FAX: 814/776-4298

WRITTEN AUTHORIZATION TO REQUEST / RELEASE STUDENT RECORDS

TO: _____ **DATE OF REQUEST:** _____

RE: _____ **STUDENT DOB:** _____

Request / Release to Another School District

The above named student has enrolled in our district. Please send a copy of **ALL** his/her health and educational records. Educational records include: disciplinary; academic; psychological; Student Assistance Program (SAP); and any records relating to special education services (Chapters 14, 15, or 16). It is emphasized that this request is for **ALL** records relating to the named student so that a proper placement and an appropriate educational program can be provided. If you have educational records for this student that are not listed, it is imperative that they also be included. **Note: Parental permission is no longer required when authorized school personnel request records.**

(Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24674).

To assist you in the process, the following checklist is provided. Please mark all records you are including with this request.

- | | |
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| <ul style="list-style-type: none">▪ Psychiatric Reports (May include PHI*)▪ Psychological Reports (May include PHI*)▪ Medical Treatment / History (May include PHI*) –<i>including therapy reports such as speech and language, occupational therapy, physical therapy, etc.</i>▪ Student Assistance Services – <i>Instructional Support, Secondary Instructional Support, Student Assistance Program, etc.</i>▪ School Health Records – <i>including social history if available.</i>▪ Academic Records – <i>attendance, grade reports, standardized test results, State Assessment Scores, etc.</i> | <ul style="list-style-type: none">▪ Special Education Records – <i>most recent Permission to Evaluate, Evaluation Report (ER or GWR), Individualized Education Program (IEP or GIEP), Notice of Recommended Assignment (NORA) or Notice of Recommended Educational Placement (NOREP), Chapter 15 Service Agreement</i>▪ Discipline History – <i>including weapon and drug violations, suspension/expulsion history, involvement with probation.</i>▪ Title I Records – Reading and/or Math▪ PA Secure ID: _____▪ Recommendations - _____▪ Other: _____ |
|--|---|

***PHI – Protected Health Information**

Thank you for your assistance and timely attention to this request. Please send records to the attention of _____ at the office specified above.

Signature of Parent/Guardian/Surrogate (Optional) **OR**
Signature of School Personnel Making the Request

Date

RASD ACT 26 OF 1995 *RASD*
Registration Form

Student Name: _____

Date: _____

Before me, the undersigned officer, personally appeared,

Parent/Guardian

who swears or affirms:

- 1) That he/she is a parent, guardian, or other person having charge of the above named student;
- 2) That the above named student has not been previously suspended or expelled from any public or private school in this Commonwealth or any other Commonwealth or State, for an act or offense involving weapons, alcohol, or drugs or the willful infliction of injury on another person or for any act of violence committed on school property, except as hereinafter noted. (ANY OFFENSES LISTING DATES AND LOCATIONS):

- 3) That he/she has been made aware of the fact that any willful false statement made in connection with the above shall be a misdemeanor of the third degree; and further
- 4) That this registration form will be maintained as a part of the above named student's disciplinary records.

Parent/Guardian

Sworn and subscribed to,
before me, this _____
day of _____, 200__

Notary Public

Revised: November 2006