



Southern Fulton School District

3072 Great Cove Road

Warfordsburg, PA 17267

Elementary School Phone (717) 294-3400

Elementary Fax (717) 294-6428

High School Phone (717)294-3251

High School Fax (717)294-6248

TARA WILL
Superintendent

KATHY CUTCHALL
Elementary Principal

MEREDITH HENDERSHOT
High School Principal

REQUEST FOR RECORDS

Date of Request: _____

To: _____

From: Lori Bard, Student Services

Re: _____ Grade _____ Date of Birth _____

The student referenced above enrolled in our school on _____ Please forward the following records:

1. Complete transcript of cumulative school records including grades, standardized test results, attendance records and student activity record. Also, include the most recent report card and grades earned to date of withdrawal. Please include a copy of your grading scale.
2. Health, dental, and immunization records.
3. Special Education information, if applicable, including the Psychological Evaluation, Comprehensive Evaluation Report, Individualized Education Plan, Notice of Recommended Assignment, and Permission to Evaluate.
4. All psychological, psychiatric, or confidential records.
5. PA SECURE ID NUMBER.
6. A certified copy of all discipline records as per PA Act 26 of 1995. Please complete the enclosed document – Verification of School Discipline Records – and return to our office.

This is to certify that I am the legal parent/guardian of the above referenced student and I hereby authorize the release of all school records to the Southern Fulton School District.

Parent's Signature

Date

Parental permission is no longer required when records are requested by authorized school personnel. Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976. Vol. 41, No. 118, Page 14673