



SOUTH WESTERN SCHOOL DISTRICT

ADMINISTRATION OFFICE

225 Bowman Road
Hanover, Pennsylvania 17331
Telephone (717) 632-2500

PERMISSION TO RELEASE STUDENT INFORMATION

I hereby give permission for _____
Previous School District

to release all information listed below for _____
Child's Name/Current Grade

to the _____ . It is my understanding that all information will
Receiving School District

be utilized only by professional personnel to aid my child in his/her educational program.

Previous School

Parent/Guardian/Surrogate Signature

Address

Address

Address

Address

Student's Date of Birth

Student Signature (When Applicable)

Please send all available information listed below:

- | | |
|--|----------------------------------|
| Audiological Evaluations | Physical/Occupational Evaluation |
| Current Grade Averages | Physician's Reports |
| Current MDT Report | Pre-School Diagnostic Results |
| Grading System/Credits Explanation | Psychiatric Evaluation |
| Health Records-Physical, Dental, Screening, Immunizations | Psychological Evaluation |
| IEP | Standardized Test Data |
| Notice of Recommended Assignment (Original & Current) | Student Progress Reports |
| Discipline Records (If cannot be sent, please provide an explanation) | Vision Evaluations |
| Other Pertinent Records (Birth Certificates, Reading Records, Custody Reports, Adoption Reports, 1302 Forms, etc.) | |

PA State ID # _____

Please send all available information to:

First Request Sent _____ Second Request Sent _____