



Jersey Shore Area School District
175 A&P Drive, Jersey Shore, PA 17740

Form

2

Request for Pupil Records

Date _____

Name of School _____

School Address _____

School Phone # _____ School Fax # _____

Date of Withdrawal from Previous School _____ Grade _____

Student's Name _____ Birth Date _____

The student identified above has enrolled in our school on _____

We are requesting his/her:

- Cumulative Records, including current schedule, grades, test scores, attendance and last date of attendance in your school.
- Discipline Log
- Health Record
- Current Individual Education Program, ReEvaluation Report, Notice of Recommended Educational Placement plus Initial Evaluation Report
- Psychological Reports
- Any information regarding special needs

Parent Signature, if available

Date

According to the Final Regulation—Family Education Rights and Privacy Act (FERPA), it is no longer necessary to obtain written consent to release school records to other school systems.