

Michael G. Leichtliter, Ed.D.
Superintendent
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REQUEST FOR STUDENT RECORDS

Student Name: _____ **Date of Birth:** _____

I, parent and/or guardian of the above student, give permission for the educational records of this student to be released from:

Name, Address, and Phone Number of Sending School or Institution

Records Requested: *Academic, Health / Dental, guidance, Discipline, Psychological, Special Education (IEP), Gifted, Student Assistance, Report Cards, PA Secure ID and any other available and pertinent records for this student. Please return this request form with the records.*

These records are being requested because the student has transferred to the Penn Manor School District.

PLEASE MAIL TO THE FOLLOWING:

(Print the name of the school where child will attend.)

Attn: Building Secretary or Guidance Office

**P O BOX 1001
MILLERSVILLE PA 17551-0301**

Questions regarding this request should be directed to: _____
Name & Phone # of requesting person or department

I understand this release is specifically for the records listed above and only for the use and purpose of enrollment and placement in the Penn Manor School District. I further understand that I am entitled to receive a copy of any and all records upon request.

Signature of Parent / Guardian

Date