

RELEASE OF INFORMATION

District/Agency: _____

Address: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Student Name

Grade Level

Parent Signature

Date

Please send the records to the attention of:

Laura Lynch or Colleen Oknefski

FAX: (814) 965-2776 or Email:

llynch@johnsonburgasd.net

coknefski@johnsonburgasd.net

Information Requested:

1. Academic Records (grades, transcripts, test results)
2. Personal Records (birth certificate, proof of age, attendance records)
3. Disciplinary Reports
4. Medical Data/Records (**Please FAX immunizations ASAP.**)
5. Psychological Test Results
6. Confidential Reports (IEP/ER)
7. PIMS Data: **PA Secure ID:** _____

State Entry Date: _____

Grade 9 Entry Date: _____

8. Exchange of Verbal Information (may include PHI*)
*PHI = Protected Health Information

9. Record of Extracurricular Activities/PIAA Physical

10. Other relative school info: _____

*Parental permission is no longer required when records are requested by authorized school
Family Educational Rights and Privacy Act (34 CFR § 99.31).

personnel.