



TRADITION.
INNOVATION.
EXCELLENCE.

AUTHORIZATION TO RELEASE STUDENT RECORDS

Parents; Copies of student transcripts are required to complete applications for students. Kindergarten students may only have attendance records available. Please complete this form and forward to your child's current school.

Current School Name _____

Current School Address _____

Current School Phone _____ Fax # _____

I, _____, authorize _____ to release any
(print name) (current school)

and all attendance, academic, disciplinary; the results of all standardized, achievement and diagnostic tests; all report cards; and all previous and current IEP, DART, GIOP information **for all grades. Please include the most current testing quarters. Attach this release and send with records**

for my child, _____ to:
(student name)

PROVIDENCE HEIGHTS ALPHA SCHOOL
9000 Babcock Boulevard
Allison Park, PA 15101

I also grant permission for contact between officials of these two schools to discuss my child. This information is to be used for professional purposes and is to be kept confidential. Once my child is accepted into the Providence Heights Alpha School, I grant permission for the release of all remaining records, including medical.

Parent/Guardian Signature: _____ Date: _____