



**Providence Heights**  
**ALPHA SCHOOL**  
*Where tradition meets new heights of excellence*

## AUTHORIZATION TO RELEASE STUDENT RECORDS

*Copies of student transcripts are required to complete applications for students entering 2nd—8th grade.  
Please complete this form and forward to your child's current school.*

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

and all academic, disciplinary, and health records; the results of standardized, achievement and diagnostic tests; and all previous and current IEP's for

\_\_\_\_\_ to:  
(student name)

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

I also grant permission for contact between principals to discuss my child. This information is to be used for professional purposes and is to be kept confidential.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date