

Bradford Area School District

PO Box 375 • 150 Lorana Avenue • Bradford, PA 16701

Telephone: 814-362-3841

Web Site: www.bradfordareaschools.org

Email: BASD@bradfordareaschools.org

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

IF STUDENT HAS ATTENDED MORE THAN ONE SCHOOL/PLACEMENT IN THIS SCHOOL YEAR, PLEASE COMPLETE SECTION ON THE BACK OF THIS FORM.

PREVIOUS SCHOOL DISTRICT _____

SCHOOL ATTENDED _____ FAX: _____

STUDENT FULL NAME _____

GRADE _____ BIRTHDATE _____ PA SECURE ID _____

The above-named student has enrolled in the Bradford Area School District. Please forward the following records as soon as possible. We request that you fax or email current schedule, grades, special education information (Via IEP Writer), PA Secure ID Number, and immunization and then mail copies of all documents.

- | | |
|--|--|
| _____ Official Transcript of Grades | _____ Withdrawal Date & Grades in Progress |
| _____ Current Report Card | _____ Attendance & Discipline* See Below |
| _____ Achievement & Ability Test Results | _____ Special Education Records/IEP/ER/NOREP |
| _____ Complete Health/Dental Information | _____ Special Services/Classes Information/504 |
| _____ Key to your Grading Scale | _____ Course Selection/Schedule |
| _____ All Basic Pupil Information | _____ Free and Reduced Lunch Application |
| _____ Career Portfolio (Future Ready PA Index Requirement) | |

I/We Hereby Authorize the release of requested and any other pertinent information to the Bradford Area School District.

PARENT/GUARDIAN SIGNATURE/S

RELATIONSHIP

CURRENT ADDRESS

DATE

Parental Permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol.41, No. 118, Page 24673).

AUTHORIZED SCHOOL PERSONNEL SIGNATURE: _____

In Lieu of Parental Signature/s

***Receiving School: State Law mandates that a request be sent to you for Discipline Records. Please sign below that you have sent these records or mark N/A if not applicable. Enclose this signed form with the student's records. Thank you.**

Name of School _____ Records Sent _____ N/A _____

Street Address _____ City _____ State _____ Zip _____

Signature _____ Date _____ Phone _____

PLEASE SEND RECORDS TO:
CHRISTINE BARTLETT, ENROLLMENT SECRETARY
BRADFORD AREA SCHOOL DISTRICT
150 LORANA AVENUE, PO BOX 375
BRADFORD, PA 16701
PHONE 814-362-3841 Ext. 2518 FAX 814-362-2552
EMAIL: cbartlett@bradfordareaschools.org

LIST ALL SCHOOL DISTRICTS AND/OR PLACEMENTS THE STUDENT HAS ATTENDED IN THIS SCHOOL YEAR IN ADDITION TO THE MOST RECENT LISTED ON THE FRONT OF THIS FORM

IF THIS STUDENT IS A NON-RESIDENT OF OUR DISTRICT, PLEASE PROVIDE THE HOME DISTRICT OF THE CUSTODIAL PARENT OR GUARDIAN SO RECORDS CAN BE REQUESTED

HOME DISTRICT _____

PREVIOUS SCHOOL DISTRICT _____

SCHOOL ATTENDED _____

PHONE _____ FAX _____

DATES ATTENDED _____

PREVIOUS SCHOOL DISTRICT _____

SCHOOL ATTENDED _____

PHONE _____ FAX _____

DATES ATTENDED _____

PREVIOUS SCHOOL DISTRICT _____

SCHOOL ATTENDED _____

PHONE _____ FAX _____

DATES ATTENDED _____

PREVIOUS SCHOOL DISTRICT _____

SCHOOL ATTENDED _____

PHONE _____ FAX _____

DATES ATTENDED _____