

# Bradford Area School District

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

Telephone: 814-362-3841

Web Site: [www.bradfordareaschools.org](http://www.bradfordareaschools.org)

Email: [BASD@bradfordareaschools.org](mailto: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       |

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](mailto: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 \_\_\_\_\_