

REQUEST FOR RELEASE OF RECORDS

(this form is to be sent by Conestoga)

(Last Name) _____ (First Name) _____ (Middle Initial) _____

Date of Birth: _____ Withdrawal Date: _____

Social Security Number: _____ Grade at Withdrawal: _____

Institution Releasing Records

Name _____

Street Address _____

City/State/Zip _____

PLEASE SUBMIT ACADEMIC INFORMATION ON YOUR OFFICIAL TRANSCRIPT FORM with school seal and a certified copy of the student's discipline record (per Act. 26, 1995, of the Pennsylvania School Code: "A Pennsylvania School must submit a certified copy of a student disciplinary record to the school entity to which the student has transferred within ten (10) days from receipt of a request to supply it.") to Conestoga High School, Student Services Center, Attention: Registrar, 200 Irish Road, Berwyn, Pa 19312-1260.

PLEASE NOTE THAT IMMUNIZATION RECORDS ARE REQUIRED BEFORE REGISTRATION IS COMPLETED AND STUDENT IS ADMITTED.

I authorize the release of all official records (signed/school seal) to include: name, address, parent/guardian, grade level completed, group test results, class rank, co-curricular activities, attendance, health records, psychological (IEP's, 504's) or special placement data, PSSA testing results (if applicable), and grades to date at withdrawal.

Student Signature _____ Date _____

Parent/Guardian Signature (if minor) _____ Date _____

Date Record Requested _____

