

# *Frazier School District*

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

JASON E. PAPPAS  
High School Principal  
(724) 736-

9507

\_\_\_\_\_  
*Previously Attended Institution*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

## **AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS/INFORMATION**

STUDENT NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

Please forward all health records, transcripts, evaluations, psychological reports, IEP's, due process', discipline reports (including Act 26 actions), and any forms of documentation relative to custodial rights to:

**FRAZIER HIGH SCHOOL  
REGISTRATION DEPARTMENT  
142 CONSTITUTION STREET  
PERRYOPOLIS, PA 15473-1390**

**Frazier School District utilizes IEP Writer; please transfer all Special Education, Gifted and 504 Plans.**

If you have any questions, please contact the Registration Office at 724-736-9507, ext. 115.

Thank you for your prompt consideration of this request.

I hereby authorize the above-named institution to release all requested information to the Frazier School District.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Parent / Guardian)