



Shippensburg Area School District

317 N Morris St
Shippensburg, PA 17257
(717) 530-2700
www.shipk12.org

REQUEST/AUTHORIZATION TO RELEASE ACADEMIC AND DISCIPLINE RECORDS

Date: _____ Name of Previous School: _____

Address/Phone #: _____

This is to request/authorize the release of records for the following student:

_____	_____	_____
Name of Student	Date of Birth	Grade
_____	_____	_____
Name of Parent	Date	Current Phone #

By checking this box, I/we grant Shippensburg Area School District permission to request, from the previous school attended, and that school has permission to release all records including health records, confidential information and psychological examinations.

Please email (registration@ship.k12.pa.us) or fax (717-530-2847) the following ASAP:

- Transcript and/or most recent report card
- Birth Certificate
- Immunizations
- Discipline records related to violations of Act 26 (Including: drugs, alcohol, terroristic threats, expulsion, etc.)
- ESL Records (if applicable)
- Copies - Current IEP / ER / NOREP (if applicable)
- Keystone Testing

MAIL:

Please mail all records to the address listed and below:

- ✓ All **ORIGINAL** health records and Immunization Card
- ✓ Official School Records (Transcripts, report cards, and attendance)
- ✓ All Test Scores
- ✓ IEP, CER, NOREP, Psych. Evaluation (if applicable)
- ✓ Discipline Records (as related to the Act 26 Violations)

TO BE COMPLETED BY PRINCIPAL / ASSISTANT PRINCIPAL AT FORMER SCHOOL:

The student whose name is listed above:

_____ does **not** have a discipline record related to Act 26.

_____ does have a discipline record related to Act 26. Discipline record provided as is required by law.

Name of School Official Who Completed This Form

Title of School Official

Date _____

If officials in the Shippensburg Area School District have any questions about this student's discipline records, please indicate the name and telephone number of the contact person at your school who has knowledge of the student.

Name of Contact Person

Telephone Number of Contact Person