

BURGETTSTOWN AREA SCHOOL DISTRICT

Burgettstown Middle/High School

104 Bavington Road

Burgettstown, PA 15021-2731

Guidance Office: 724-947-8110 Special Education Office: 724-947-8104 Fax: 724-215-1034

Student Name: _____ D.O.B: _____

Name of Person, Employer, Institute or Agency

Address

Phone and/or Fax Number(s)

I, the undersigned, hereby grant permission to:

Burgettstown Area School District

To release all records listed below to the above names person, employer, institute or agency.

_____ Official Administrative Record (name, address, birth date, telephone number, grade level, completed grades, class standings, attendance record, credits earned, semester grade average).

_____ Pennsylvania System of School Assessment (PSSA) Scores. **This applies only to students graduating after 2004.**

_____ Standardized Achievement Tests Scores, Intelligence Test Scores

_____ All special education records including ALL verbal communications

_____ Personality and Interests Tests Scores

_____ Teacher and/or Counselor Observations/Ratings

_____ Family Background Data

_____ Behavior and/or Discipline Records

Signature of Parent/Guardian/Student

Date