**Request for Student Records**

Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: Wissahickon Charter School

To: (Enter School Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)

(City) (Street) (Zip)

RE: (Student’s Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (Street) (Zip)

The student named above has been admitted to our school for the school year beginning September \_\_\_\_\_\_\_.

Please forward the following records as soon as possible:

\_\_\_ Academic Records (Report Card, etc.)

\_\_\_ Health Records

\_\_\_ Standardized Test Scores

\_\_\_ Special Education Records (IEP, NORA, CER, Psychological Evaluations, etc.)

Parent Authorization

I authorize the release of my child’s entire records noted above to the Wissahickon Charter School.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your prompt response to this request.