FOR REVIEW ONLY

Greensburg Central Catholic Jr.-Sr. High School

PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student: _____

Student Date of Birth: _____

Current School Attending: _____

School Address/Contact: _____

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I hereby authorize **Greensburg Central Catholic Jr.-Sr. High School** to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

GREENSBURG CENTRAL CATHOLIC JR.-SR. HIGH SCHOOL
911 ARMORY DRIVE
GREENSBURG, PA 15601

ctalamo@gcchs.org or Fax 724-834-2472

Parent/Guardian please sign and date below:

_____ _____

(Signature of Parent/Guardian) **(Date)**

RECORDS REQUESTED - PLEASE SEND TWO YEARS WORTH:

X Attendance Data
X Report Cards (Past and Current)
X Group Aptitude and Achievement Testing
X Health, Medical and Dental Records
X Personal History
X Psychological Reports
X Psychiatric Evaluations
X Special Education Due Process Papers and IEP
X Speech and Language Evaluations
X Instructional Support Plans and Summaries
X Discipline Reports
X Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available)

Please list:

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