

REQUEST FOR STUDENT RECORDS

ENROLLMENT DATE: _____ START DATE: _____ DATE OF BIRTH: _____

GRADE: _____ STUDENT NAME: _____

I, the parent/guardian of the student listed above, give permission for the following records to be released (check one):

<input type="checkbox"/> MUHLENBERG HIGH SCHOOL Guidance Office – Grade 10 th – 12 th 400 Sharp Avenue Reading, PA 19605 610 921-8078 – Ext: 4107 (Registrar/Guidance) Guidance Fax #: 610 921-9726	<input type="checkbox"/> MUHLENBERG JUNIOR HIGH SCHOOL Guidance Office – Grade 7 th – 9 th 801 Bellevue Avenue Reading, PA 19605 610 921-8034 – Ext: 3510 (Registrar/Guidance) Guidance Fax #: 610 921-8038
<input type="checkbox"/> C.E. COLE INTERMEDIATE SCHOOL Grade 4 th – 6 th 3630 Kutztown Road Reading, Pa 19605 610 921-8212 – Ext 2011 (Registrar) Office Fax #: 610 741-1198	<input type="checkbox"/> MUHLENBERG ELEMENTARY CENTER Grade K -3rd 610 Sharp Avenue Reading, PA 19605 610 921-8028 - Ext: 6117 (Registrar) Brookinss@muhlsdk12.net

Please forward any and/or all of the latest report cards/grade reports, testing information, medical records (**immunization records are mandatory for enrollment**), psychological evaluations, special education records, discipline records for the present and/or previous school year, any other information deemed important to the student's successful transfer to Muhlenberg School District.

****Parental permission is no longer required when records are requested by authorized school personnel (Family Educational Rights and Privacy Act, Final Rule on education Record, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).****

SIGNATURE OF PARENT/GUARDIAN

DATE

STREET ADDRESS

CITY/STATE/ZIP CODE