

REQUEST FOR STUDENT RECORDS

ENROLLMENT DATE: _____

STUDENT NAME: _____

DATE OF BIRTH: _____ GRADE: _____

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

**Muhlenberg High School
Guidance Office
400 Sharp Avenue
Reading, PA 19605
Guidance Fax: 610-921-9726**

**Muhlenberg Middle School
Guidance Office
801 Bellevue Avenue
Reading, PA 19605
Guidance Fax: 610-921-8038**

**C.E. Cole Intermediate School
3630 Kutztown Road
Reading, PA 19605
Fax: 610-741-1198**

**Muhlenberg Elementary Center
610 Sharp Avenue
Reading, PA 19605
Fax: 610-921-7905**

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).

Parent/Guardian Signature

Date

Street Address

City/State/Zip Code