



# DANIEL BOONE AREA SCHOOL DISTRICT STUDENT RELEASE OF RECORDS AUTHORIZATION

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Former School: \_\_\_\_\_

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

Former School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby give consent for release of confidential information concerning the above named child to (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Daniel Boone Area High School (9-12)</b><br>501 Chestnut Street<br>Birdsboro, PA 19508<br>Phone: 610-582-6140 x 2096<br>Fax: 610-582-5400<br>Email: <a href="mailto:laura.sjosten@dboone.org">laura.sjosten@dboone.org</a>        | <input type="checkbox"/> <b>Daniel Boone Area Middle School (6-8)</b><br>1845 Weavertown Road<br>Douglassville, PA 19518<br>Phone: 610-582-6140 x 3423<br>Fax: 610-689-6306<br>Email: <a href="mailto:beth.williamson@dboone.org">beth.williamson@dboone.org</a> |
| <input type="checkbox"/> <b>Daniel Boone Area Intermediate Center (3-5)</b><br>200 Boone Drive<br>Douglassville, PA 19518<br>Phone: 610-582-6140 x 5300<br>Fax: 610-689-6265<br>Email: <a href="mailto:michelle.reed@dboone.org">michelle.reed@dboone.org</a> | <input type="checkbox"/> <b>Daniel Boone Area Primary Center (K-2)</b><br>576 Monocacy Creek Road<br>Birdsboro, PA 19508<br>Phone: 610-582-6140 x 4400<br>Fax: 610-385-6810<br>Email: <a href="mailto:debbie.cressman@dboone.org">debbie.cressman@dboone.org</a> |

The information is to include:

- Official Administrative Transcript** (including all report cards K-12, all standardized test scores, attendance and discipline information and/or anything to help determine placement of student)
- Complete health records** (including immunizations, all physical & dental exams and health screening results)
- Psychological/psychiatric evaluations**
- IEP, ER, RR, NOREP, GIEP, GWR and NORA paperwork**
- Student's PA Secure ID Number**
- Career Ready Index information or related artifacts**

Signed: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

I am requesting that you forward a copy of the student's disciplinary record. In accordance with Act 61, Section 1305 of 2008, "the sending school entity has ten (10) days from receipt of this request to supply a certified copy of the student's disciplinary record."

Sincerely,

*Robert J. Hurley*  
Assistant to the Superintendent