

# Geibel 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: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize **Geibel 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:

GEIBEL CATHOLIC JR.-SR. HIGH SCHOOL  
611 E. CRAWFORD AVE  
CONNELLSVILLE, PA 15425

Ispeeney@geibelcatholic.org or Fax 724-626-5700

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:

\_\_\_\_\_  
\_\_\_\_\_