KUTZTOWN AREA HIGH SCHOOL KUTZTOWN, PA 19530

610-683-7346 610-894-4801 (fax)

STUDENT RECORD RELEASE AUTHORIZATION

Please send the followi		
	name of	student (while attending)
	year graduated/withdr	rew, DOB
cumulative school reco	ords to:	
1		3
1 University/College/School	ol/Employer/Physician	3. University/College/School/Employer/Physician
Department/Attn:		Department/Attn:
Address		Address
Address		Address
2 University/College/School	ol/Employer/Physician	4 . University/College/School/Employer/Physician
Department/Attn:		Department/Attn:
Address		Address
Address		Address
class standing, of standardized accores, PSAT so b. Medical Record c. Personality and d. Teacher and/or e. Family Informa f. Disciplinary According to the standardized according to the s	GPA, attendance records, phievement test scores (Iowacores.) ds /or Interest Inventories* Counselor Observations and tion and Background Datation Records* psychiatric evaluations	
Date	Student's, Parent's/Guard NO Electronic Signatur	-

*These records will be destroyed after a student graduates from high school. updated 6/23

Pennsylvania school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973 the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX and Section 504 may be obtained by contacting the school district. EOE.