

KUTZTOWN AREA HIGH SCHOOL  
KUTZTOWN, PA 19530  
610-683-7346  
610-894-4801 (fax)  
STUDENT RECORD RELEASE AUTHORIZATION

Please send the following portions of \_\_\_\_\_  
name of student (while attending)

\_\_\_\_\_ year graduated/withdrew, DOB \_\_\_\_\_

cumulative school records to:

1. \_\_\_\_\_  
University/College/School/Employer/Physician

Department/Attn: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

3. \_\_\_\_\_  
University/College/School/Employer/Physician

Department/Attn: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_  
University/College/School/Employer/Physician

Department/Attn: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

4. \_\_\_\_\_  
University/College/School/Employer/Physician

Department/Attn: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

- a. \_\_\_\_\_ Official Administrative Record (name, address, birthdate, sex, academic level completed, grades, class standing, GPA, attendance records, parent's names and address, extra-curricular activities, standardized achievement test scores (Iowa, Terra Nova, PSSA, OLSAT), SAT scores, ACT scores, PSAT scores.
- b. \_\_\_\_\_ Medical Records
- c. \_\_\_\_\_ Personality and/or Interest Inventories\*
- d. \_\_\_\_\_ Teacher and/or Counselor Observations and Evaluations\*
- e. \_\_\_\_\_ Family Information and Background Data\*
- f. \_\_\_\_\_ Disciplinary Action Records\*
- g. \_\_\_\_\_ Psychological, psychiatric evaluations
- h. \_\_\_\_\_ NORA, IEP, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's, Parent's/Guardian's Signature  
**NO Electronic Signatures**

\_\_\_\_\_  
Phone Number

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