



Fleetwood Area School District

BUSINESS OFFICE, 801 N. Richmond Street, Fleetwood, PA 19522-1031

Phone: 610-944-8111 • FAX: 610-944-6842

REQUEST FOR RECORDS

To Whom It May Concern:

_____ (DOB: _____), will be enrolled in our school system, effective _____.

Please forward the following to:

Health and Dental Records
Grades and Test Records
PA Secure ID#
Record of current standing this semester
Original ER, Current RR and IEP, Due Process Forms, Psychologicals, if applicable
Guidance Records
Discipline Records

ACT 26 Safe Schools Act of the Pennsylvania Public School Code provides for information to be shared between schools on any suspension or expulsion of a student from any public or private school of the Commonwealth or any other State for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

Thank you for your cooperation.

I hereby authorize the release of the above records.

Parent or Guardian Signature

Date