



Educational Records Request for Current Students

We/I hereby authorize:

Current School:	Circle of Seasons Charter School
Address, State, Zip:	8380 Mohr Road, Fogelsville, PA 18051
Phone:	610-285-6266

To release information from the records of:

Student:	
Date of Birth:	
For the purpose of:	

Please release all data that applies to the student including:

- | | |
|--|---|
| <input type="checkbox"/> Academic/Education Record (All Years) | <input type="checkbox"/> Academic/Education Record (Current and previous year only) |
| <input type="checkbox"/> Section 504 Service Agreement | <input type="checkbox"/> PSSA Summary |
| <input type="checkbox"/> School Medical Record | <input type="checkbox"/> MTSS Action Plan (Tier 2, Tier 3) |
| <input type="checkbox"/> Special Education Record (ER/RR/IEP) | <input type="checkbox"/> Attendance Record |
| <input type="checkbox"/> Disciplinary/Behavioral Record | <input type="checkbox"/> Other: _____ |

Please forward information to:

Name of School or Parent Name:	
Address, State, Zip:	
Phone:	

We/I have been told that in order to protect the limited confidentiality of records our/my agreement to obtain or release information is necessary and that this consent is limited for the purposes and to the person listed above and will be effective for one (1) year after the date of our/my signature(s), unless specified below. We/I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon.

Parent Signature:		Date:
Parent Signature:		Date:

Request to release information to parent will be sent home directly with student in sealed envelope. Please notify COS if you would prefer to pick up the requested documents.

Upon graduation, the school where the student is enrolled will do an official request of records. Please do not use this form for that request.

**Please allow 7-10 business days for requests.*