



AUTHORIZATION TO RELEASE AND OBTAIN STUDENT SCHOOL RECORDS

Date Requested: _____.

Student Name: _____.

PA Secure ID:

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To: _____

Requested Documentation:

- PA Secure ID
- Attendance Records
- Discipline Records
- All Academic Records (Report Cards\PSSA)
- Health and Immunization Records (please send to Nurse only)
- IEP (individual Education Plan\ Psychological and Educational Testing) contact special department.
- ELL Records

My Signature authorizes the release / receipt of the following records:

Parent Signature

Date

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C 123g;34 CFR Part 99) is a Federal Law that protects the privacy of student education records. The Law applies to all schools that receive funds under and applicable program of the U.S. Department of Education. 1.800.872.5327

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