



Tidioute Community Charter School

241 Main Street *Tidioute, Pa 16351

(814)-484-3550 Fax: (814)484-3977

Release of Records Form

Permission is hereby granted to:

Previous School Name _____

Address _____

Student Name: _____ Date of Birth: _____

Anticipated Enrollment Date: _____ Grade: _____

The above named student has registered at the Tidioute Community Charter School.

The Tidioute Community Charter School is requesting the following information/original records to be released and sent by mail, email or fax.

Information to be released

All Types or check applicable categories

_____ Regular education records & grades in process at time of leaving

_____ Report card with current grade averages and academic transcripts

_____ Most Recent Progress Report

_____ Any standardized test scores (PSSA and Keystone).

_____ Discipline Records

_____ ACT 26 Certified Discipline records

_____ Attendance Records

_____ Medical Reports

_____ Immunization card and health/medical records

_____ Special Education reports including Evaluation, Re-Evaluation, and IEP

_____ 504 Records/Reports

_____ ESL/ELD (English as a Second Language/English Language Development) records

_____ Instructional Support

_____ Student Assistance

_____ Psychiatric

_____ Audiological

_____ Psychological

_____ Neurological

_____ Occupational Therapy

_____ Physical Therapy

_____ Student Assistance

Person Requesting records: Heather Cass, TCCS Office Manager Signature: _____

E-Mail Address: hcass@tidioutecharter.com Fax: 814-484-3977 Mail to: TCCS 241 Main Street Tidioute, Pa 16351

Authorize the release of pupil's records:

I have enrolled by child _____
Name Date of Birth

In the Tidioute Community Charter School and authorize you to release the above names Infor so that we can plan a program for this student.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____