



# 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: \_\_\_\_\_

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