DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

WESTERN WAYNE
SCHOOL DISTRICT

Authorization to Release Student Education Records

I hereby authorize the release of records from: _____

(Name of School/Organization to send information)

_____

(Street Address) City State Zip

_____ _____

Telephone Number Fax Number

Student: _____ Birth Date: _____ Grade: _____

Please provide the following information to the indicated school office as soon as possible:

- ☐ PA Secure I.D.
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card/Number
- ☐ Health Records
- ☐ Transcript & Standardized Testing
- ☐ Psychological Testing/I.E.P. *(All Special Education Records)*
- ☐ Discipline Record
- ☐ Grades at the time of Withdrawal/Report Card
- ☐ Any other pertinent/confidential records

*** Note, it is not necessary for parents to sign a release when records are being passed to an authorized school official with legitimate educational interests Federal Register June 17, 1976, Part II H.E.W. Privacy Rights of Parents and Students, Vol. 41. No. 118-24637. 22 PA CODE CH 341, Section 341.67*

Records should be forwarded within 5 days of receipt of this letter. Failure to comply is a violation of 20 U.S.C. 1236 and other federal and state codes of educational practice and procedure.

SEND TO:

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EverGreen Elem. School
Attn: Student Records
739 Easton Turnpike
Lake Ariel, PA 18436
Ph.: 1-800-321-9973
Option #3
Fax: 570-341-1220

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R. D. W. Elem. School
Attn: Student Records
74 Belmont St.
Waymart, PA 18472
Ph.: 1-800-321-9973
Option #4
Fax: 570-341-1224

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Western Wayne
Middle School
Attn: Student Records
1970B Easton Tpk.
Lake Ariel, PA 18436
Ph.: 1-800-321-9973
Option #2
Fax: 570-341-1223

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Western Wayne
High School
Attn: Student Records
1970A Easton Tpk.
Lake Ariel, PA 18436
Ph.: 1-800-321-9973
Option #1 – Guidance #7
Fax: 570-341-1222
Guidance Fax: 570-341-1225

_____ / / _____ _____

Signature of Parent/Guardian

_____ / / _____ _____

School Authorization