



**Corry Area School District**

540 East Pleasant Street

Corry PA 16407

Phone: (814) 664-4677

Fax: (814) 663-0722

<http://www.corrysd.net>

**Release of Records**

**ALL Prospective Students**

Completed by Parent or Guardian

Please send the following records to:

**Corry Area School District  
ATTN: SHERIDAN L WILLIAMS  
540 E Pleasant St  
Corry PA 16407  
Fax: (814) 663-0722**

Previous School: _____	
Address: _____	
Phone #: _____	Fax #: _____
Student Name: _____	
<i>Last, First, Middle Initial</i>	
Grade: _____	Birth Date: _____

You are hereby authorized to release copies of the following requested records:

**STANDARD RECORDS**

- Transcripts
- Attendance
- Discipline
- Test Scores (Include PSSA & Keystone Scores)
- Withdrawal Grades
- Health Records

**SPECIAL EDUCATION RECORDS**

- Most Recent IEP
- Evaluation/Re-evaluation Reports
- 504 Plan (Protected Handicapped)
- Gifted Program

*Please forward this request to the Special Education Office. Thank you.*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\*\*\*\*\*  
**To Whom it May Concern:**

The above listed student has registered with the Corry Area School District effective \_\_\_\_\_ (Date of Entry). Please forward his/her school records to the above address. School records should include transcript of grades, materials from both A and B categories such as grades earned this year and/or withdrawal grades, standardized test score, attendance, birth certificate, I.E.P. (Individual Educational Plan), psychological records, speech, dental, health and immunization records, and any other pertinent information.

We also request that you provide us with the following PIMS reporting information:

PA SECURED ID	9TH GRADE ENTRY DATE	STATE ENTRY DATE

Thank you very much for your cooperation.

\_\_\_\_\_  
*Coordinator of Student Data*

\_\_\_\_\_  
*Date*