HERSHEY CHRISTIAN SCHOOL
REQUEST FOR STUDENT RECORDS

TO: _____

_____

_____

DATE: _____

_____ _____ _____

Student Name Date of Birth Grade

Hershey Christian School is authorized to receive information in the following categories:

__X__ Academic Records
__X__ Health/Dental/Immunization Records
__X__ Psychiatric Reports
__X__ Social/Developmental History
__X__ Probation/Policy Reports
_____ Other: _____
_____

__X__ Special Education Reports
__X__ Psychological Reports
__X__ Vocation Evaluation Reports
__X__ Treatment/Discharge Reports
__X__ Discipline Records (including incidents involving weapon violations, violence or drug/alcohol charges)

The information is to be exchanged with the understanding that absolute confidentiality will be maintained. Photocopies of this authorization shall be considered valid. This permission shall expire one year from the date signed.

Signed: _____
Parent, Guardian, Surrogate Parent, or Student

Phone: _____ Date: _____

Send records to: **HERSHEY CHRISTIAN SCHOOL**
P.O. Box 378
Hershey, PA 17033

FAX: 717-835-0256
PHONE: 717-533-4900 OR 717-835-0246

The Family Educational Rights and Privacy Act (FERPA) permits disclosure of educational records without prior written consent to officials of other schools at which the student intends to enroll.