



Johnsonburg Area Elementary School

1536 Wilcox Road • Johnsonburg, Pennsylvania 15845

Mrs. Judy Allegretto,
Principal

Phone: 814-965-
2577

RELEASE OF INFORMATION

District/Agency: _____

Address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Student Name

Grade Level

Parent Signature

Date

Please send the records to the attention of: **Loraine Martonik**
FAX: (814) 965-4101 or
lorainem@jasd.k12.pa.us

Information Requested:

1. Academic records (grades, transcripts, test results)
2. Personal records (birth certificate, proof of age)
3. Attendance records
4. Disciplinary reports
5. Medical data/records (**Please FAX immunizations ASAP.**)
6. Psychological test results
7. Confidential reports (IEP/ER)
8. PIMS Data: PA Secure ID: _____
State entry date: _____
9. Exchange of verbal information (may include PHI*)
*PHI=Protected health information
10. Other relative school info: _____

Parental permission is no longer required when records are requested by authorized school personnel.
Family Educational Rights and Privacy Act (34 CFR § 99.31).

“Expect, Encourage, Enable”
An Equal Rights and Opportunities District

cc: Guidance, Nurse, Special Ed. Dept.