

MIDLAND BOROUGH SCHOOL DISTRICT

REQUEST FOR STUDENT RECORDS

Date _____

_____, date of birth _____, grade _____, has enrolled in the Midland Borough School District. Please send a copy of their health educational records. It is emphasized that this request is for ALL records relating to the named student so that a proper placement and appropriate educational program can be provided.

Former School Information:

Name of School: _____

School Address: _____

School Telephone Number: _____ School Fax Number: _____

Parent/Guardian Signature: _____ Date: _____

If you have any questions or concerns regarding this request, please feel free to contact the administrative office at 724-643-8650. Thank you for your assistance and attention to this request.

Please send records to:

Midland Borough School District
173 Seventh St
Midland, PA 15059

Student Assigned PA Secure ID Number _____
Please include the PA State assigned PA Secure Student Identification Number

Sincerely yours,

School Official

Parental permission is no longer required when records are requested by Authorized School Personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1979, Vol. 41, No. 118, Page 24674.)

173 Seventh Street, Midland, PA 15059
Telephone 724-643-8650 Fax 724-643-4887
www.midlandpa.org
"Home of the Leopards"