

New Kensington/Arnold School District
RELEASE OF RECORDS

⇒ ATTN: _____

Name, address, phone and fax number of last school attended:

Please forward the following records as soon as possible, pertaining to my child:

_____ (Student's Name)	_____ (Grade)	_____ (Date of Birth)
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(Note: Records obtained are Confidential and Restricted for Professional use Only.)

- I.E.P. and NOREP
- Psychological Report
- Psychiatric Reports
- Speech/Vision/Hearing
- Other pertinent information

Please forward to: New Kensington/Arnold School District
Special Education Office
703 Stevenson Blvd.
New Kensington, PA 15068
Phone: 724-337-4536 ext. 1133 (Sue Fantuzzo)
E-mail: sfantuzzo@nkasd.com
Fax: 724-337-5553

Parent/Guardian Signature:

Date: