

**ALBERT GALLATIN AREA SCHOOL DISTRICT**  
2625 MORGANTOWN ROAD, UNIONTOWN, PA 15401  
PHONE 724-564-7190      FAX 724-564-7512

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following student has enrolled in our school:

Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Please send us the following information:

1. Cumulative permanent record
2. Test scores
3. Health and immunization records
4. The numerical evaluation of your grading scale
5. Grades to date of withdrawal
6. Attendance Records
7. Discipline Records (*if applicable*)
8. IEP and CER (*if applicable*)
9. PA Secure ID# \_\_\_\_\_

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673.)

Thank you,

Guidance Department

1<sup>st</sup> Request: \_\_\_\_\_

2<sup>nd</sup> Request: \_\_\_\_\_