



Bristol Township School District Permission to Release School Records Information

Name of Student (Maiden) PRINT _____
Date of Birth _____
Social Security Number

Street Address, City, State, Zip _____
Home Phone _____
Business Phone

High School Attended _____
Last Year Attended _____
Year of Graduation

Have you requested a transcript within the last two year? _____
Yes No

The School District of Bristol Township is hereby requested and directed to forward to those persons and/or agencies listed, the following records:

- | | |
|---|--|
| _____ Official Transcript (name, address, DOB, grade levels completed, grades, credits, class standing attendance record) | _____ Health Information |
| _____ Standardized Achievement Test Scores | _____ Family Information |
| _____ Intelligence and Aptitude Test Scores | _____ Specialized Medical Reports |
| _____ Teacher, Counselor, and Principal Observations and Ratings | _____ Reports of Psychological Evaluations |
| _____ Other | _____ Record of extracurricular activities |
| | _____ Special Education Records |

PURPOSE OF RECORDS

Send Records/Transcripts to: _____

I authorize my Records/Transcripts to be faxed to: _____

PLEASE RETURN THIS FORM TO: BRISTOL TOWNSHIP SCHOOL DISTRICT
PUPIL SERVICES OFFICE
5 BLUE LAKE RD
LEVITTOWN, PA 19057-4014

FAX TO: OR
215-547-5619

SIGNATURE

DATE