SAINT CLAIR AREA ELEMENTARY/MIDDLE SCHOOL

227 South Mill Street Saint Clair, PA 17970 Phone: (570) 429-2716 Fax: (570) 429-2859

PARENTAL PERMISSION FOR THE RELEASE OF STUDENT RECORDS

I hereby give my permi: son/daughter.	ssion for the release of the informatio	n requested for my
Student's Name		Grade
Date		
(Signature of Parent o	r Guardian)	_
Name of Previous School		Phone Number
Address		
PLEASE SEND TO:	Saint Clair Area School District Elementary/Middle School 227 South Mill Street Saint Clair, PA 17970 Health & Dental Records Personal Health History Transcript of Records PA Secure ID	
	Special Ed. Records	

And any other available school records.

Form: Entry-Permission of Record Release