

DOVER AREA SCHOOL DISTRICT
GUIDANCE/COUNSELING/CENTRAL REGISTRAR OFFICE

CONSENT TO RELEASE STUDENT RECORDS

Student Name: _____ Grade: _____ Date of Birth: _____

I hereby authorize (previous school name and address and #) _____

To release information (listed below) about the above named student to:

Dover Area High School
4500 Intermediate Ave
Dover, PA. 17315
ATTN: Guidance/Records Request
717-292-8066/ Fax#717-292-2125
lphoukieo@doversd.org

Dover Middle School
46 West Canal Road
Dover, PA 17315
ATTN: Guidance / Records Request
717-292-8067/ Fax#717-292-4721
jerowand@doversd.org

Dover Elementary
109 East Canal Street
Dover, PA 17315
ATTN: Mrs. Karen Holtzapple
717-292-8068/Fax#717-292-4645
kholtzapple@doversd.org

Leib Elementary
2925 Oakland Road
Dover, PA 17315
ATTN: Ms. Nicole Vance
717-292-8070/Fax#717-292-4828
nvance@doversd.org

North Salem Elementary
5161 North Salem Church Rd.
Dover, PA 17315
ATTN: Mrs. Crystal Berkheimer
717-292-8071/Fax#717-292-4388
cberkheimer@doversd.org

Weigelstown Elementary
3205 Carlisle Road
Dover, PA.17315
ATTN: Mrs. Chris Rupp
717-292-8072/Fax#717-292-4581
crupp@doversd.org

Dover Administration Office
101 Edgeway Road
Dover, PA 17315
ATTN: Central Registrar
717-292-3671/Fax#717-292-9659
mhake@doversd.org or vfultz@doversd.org

Dover Administration Office
101 Edgeway Road
Dover, PA 17315
ATTN: Office of Exceptional Children
717-292-3671/Fax #717-292-9659
kfunke@doversd.org

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

X _____
Parent/Guardian/Surrogate Signature

X _____
Date

****DO NOT WRITE BELOW THIS LINE – SCHOOL USE ONLY****

SENDING SCHOOL:

Please **email or fax** the following information to the attention of the above selected secretary:

- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Current Class Schedule |
| <input type="checkbox"/> Report Card | <input type="checkbox"/> Career Portfolios |
| <input type="checkbox"/> Student Progress Reports | <input type="checkbox"/> Discipline Record |
| <input type="checkbox"/> Keystones/PSSA/State Required Testing | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Standardized Tests | <input type="checkbox"/> Legal Documents –*custody agreement etc. |
| <input type="checkbox"/> IEP/SPED/504/ELL Records – If applicable | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Birth Certificate | |

Other pertinent records (Reading records, custody reports, adoption reports, 1302 forms, etc.)

1st Request for records was sent on _____ by _____
Date Requester's Signature

2nd Request for records was sent on _____ by _____
Date Requester's Signature

Student Enrollment Date at the above selected School: _____