

# INFINITY CHARTER SCHOOL

## Request to Release or Receive Information



I, \_\_\_\_\_, a custodial parent or guardian of  
(PRINT PARENT OR GUARDIAN NAME)

\_\_\_\_\_, whose date of birth is \_\_\_\_\_ grant my  
(PRINT STUDENT'S NAME) (CHILD'S DATE OF BIRTH)

consent for \_\_\_\_\_  
(FORMER SCHOOL NAME AND ADDRESS)

to release information from the aforementioned child's records to the Infinity Charter School. It is my understanding that these records will be used for purposes of planning an appropriate education program and will not be released to any outside agency or person without my permission.

The information released should include all educational, psychological, and medical records as requested by Infinity Charter School and indicated on the checklist at the bottom of this form. Please forward all **original records** as soon as possible to the address shown below.

**Academic Records**

Please include subject grades for the current year to the date of withdrawal. Scores/reports of individual or group assessments (i.e. PSSA, APT, ACH).

**Disciplinary Records**

As per Act 26 of 1995, this certified record shall be provided within ten (10) days of receipt of this request. If there are NO disciplinary records for the above student, indicate as such. Sign and return this form.

**NO Disciplinary Records per** \_\_\_\_\_

(SIGNATURE OF EDUCATION FACILITY REPRESENTATIVE)

\_\_\_\_\_  
(TITLE)

**Health and Dental Records**

(In Pennsylvania, the original health records and PA State Health Card must be sent.)

**Psychological Records and Reports**

**Multi-Disciplinary Evaluation (MDE or GMDE)**

**Individualized Education Program or Gifted Individualized Program**

**Notice of Recommended Educational Placement/Assignment (NOREP/NORA)**

**Remedial Program Materials (Title I)**

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF WITNESS)

\_\_\_\_\_  
(DATE)

Please forward all records to:

**Infinity Charter School**  
**c/o Suzanne Gausman, Director/CEO**  
**5405 Locust Lane**  
**Harrisburg, PA 17109**  
**717.238.188 voice**  
**717. 238.1190 fax**