

**Hanover Area School District
Student Registration**

Authorization for release of school records

Student Name: _____ Grade: _____

Date of Birth: _____ Date Entered: _____

The above named student has registered and is attending our school. As such, we request a copy of all academic, disciplinary records, attendance records, health, psychological, special education paperwork, social education and development information regarding this student. If this student left your school before the end of the semester, please include grades earned to date of leaving.

Please be advised that per the **Family Education Rights and Privacy Act (FERPA)**, it is no longer necessary to obtain written consent to release between schools. It states that school officials, including teachers within the educational institution, and officials of other schools systems in which the student may intend to enroll, may receive a student's records without a written consent for such a release.

Please send all records to: _____
(official use only)

Address: _____

Attention: _____

Records requested by: _____
Name/Title Date

I hereby authorized the release of any or all school records to the Hanover Area School District.

X _____
Parent/Guardian Signature

Date