



# Johnsonburg Area Elementary School

1536 Wilcox Road • Johnsonburg, Pennsylvania 15845

Mrs. Judy Allegretto, Principal  
judya@jasd.k12.pa.us

Phone: (814) 965-2577  
FAX: (814) 965-4101

## RELEASE OF RECORDS TO WITHDRAW

I hereby authorize the Johnsonburg Area School District to release a copy of my child's records to:

School District/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### The following records will be released:

1. Academics (grades, transcripts, test results)
2. Personal (birth certificate, proof of age, attendance records)
3. Disciplinary
4. Medical (Please FAX immunizations ASAP)
5. Psychological
6. IEP/ER Reports
7. PIMS Data (if applicable): PA Secure ID: \_\_\_\_\_

State Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Other relative school info: \_\_\_\_\_

\_\_\_\_\_

Parental permission is no longer required when records are requested by authorized school personnel.  
Family Education Rights and Privacy Act (24 CFR § 99.31)



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## PERMISSION TO WITHDRAW

I, \_\_\_\_\_, Parent/Guardian of  
Parent/Guardian (*please print*)

\_\_\_\_\_, a minor, give permission  
Student (*please print*)

for my son/daughter to be withdrawn from the Johnsonburg Area Elementary

School on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Counselor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**“Expect, Encourage, Enable”**  
**An Equal Rights and Opportunities District**