

Waynesboro Area School District

Authorization for Release of Records

Waynesboro Area Senior High School

550 East Second Street
Waynesboro, PA 17268
Sheri Helfrick 717-762-1191 x1215
sheri_helfrick@wasdpa.org

Fax 717-762-3787

Hooverville Elementary School

10829 Buchanan Trail East
Waynesboro, PA 17268
Maria Camacho 717-762-1191 x1500
maria_camacho@wasdpa.org

Fax 717-762-4222

Summitview Elementary School

840 East Second Street
Waynesboro, PA 17268
Harmony Covalt 717-762-1191 x1800
harmony_covalt@wasdpa.org

Fax 717-762-3764

Waynesboro Area Middle School

702 East Second Street
Waynesboro, PA 17268
Beth Rock 717-762-1191 x1300
beth_rock@wasdpa.org

Fax 717-762-6566

Mowrey Elementary School

7891 Tomstown Road
Waynesboro, PA 17268
Emily Rhodes 717-762-1191 x1600
emily_rhodes@wasdpa.org

Fax 717-749-5856

Fairview Elementary School

220 Fairview Avenue
Waynesboro, PA 17268
Deb Brown 717-762-1191 x1400
deb_brown@wasdpa.org

Fax 717-762-3939

To: _____ Phone _____

Address: _____ Fax _____

City, State, Zip _____

Date: _____ Time: _____

The following student has enrolled in the public school system of Waynesboro Area School District.

Student: _____ Grade: _____ DOB: _____

Please forward records to the school circled above. Information requested includes:

- All Student Records such as; progress, behavior, attendance, transcript of grades, birth certificate, etc.
- Standardized Achievement Test Scores (Keystones, PSSA, PASA)
- Special Education Records including current evaluation and IEP. (These should be in a separate folder marked "Confidential")
- Psychological Records
- Teacher and Counselor Observations and Ratings
- Medical Records including immunizations
- Other (Specify)

I hereby authorize the release to the Waynesboro Area School District any and all records held by the above address concerning the above named student. Information received will be used for the sole purpose of counseling and placement and will remain confidential.

Permission is granted to forward all official records and reports to the above named school.

Signature of Parent/Guardian

Date