



Bristol Township School District

Request for Release of School Records

Name of Student (Maiden) (Please Print) _____ Date of Birth _____

Current Street Address, City, State, Zip _____ Home Phone _____ Cell Phone _____

School Attended: Harry S Truman Woodrow Wilson Delhaas Other: _____

Last Year Attended: _____ Year of Graduation: _____

Have you requested a transcript within the last two years? Yes No

Purpose of Records Request: _____

The School District of Bristol Township is hereby requested and directed to forward to those persons and/or agencies listed, the following records:

- Standardized achievement test scores Special Education records
- Intelligence and/or aptitude test scores
- Official transcript (name, address, DOB, grade levels completed, grades, credits, class standing attendance record)
- Other: _____

Send Records/Transcripts to:

I authorize my records and/or transcript to be faxed to the following number: _____

Return To: **Bristol Township School District**
Pupil Services Office
6401 Mill Creek Road
Levittown, PA 19057
Fax: 1-215-949-2210

Signature of Parent/Student _____ Date _____

The Family Educational Rights and Privacy Act of 1974 (FERPA) and the Bristol Township School District protect the privacy of student educational records and generally limit access to the information contained in those records by third parties. However, you may choose to grant the Bristol Township School District permission to disclose educational records to certain individuals in accordance with FERPA. In order to do so, you must complete this form and return it to the Bristol Township School District.