



Mother of Sorrows School

A PENNSYLVANIA CHARITABLE TRUST

"Educating the Heart, Mind, and Soul"

3264 Evergreen Drive, Murrysville, PA 15668

Web: www.moschool.org Phone: 724-733-8840 Fax: 724-325-1144

PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student: _____

Student Date of Birth: _____

Name of Current School Attending: _____

Phone Number of Current School Attending: _____

Address of Current School Attending: _____

I hereby authorize Mother of Sorrows School to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

Mr. Joseph J. Rice, Principal
Mother of Sorrows School
3264 Evergreen Drive
Murrysville, PA 15668

Parent/Guardian please sign and date below:

(Signature of Parent/Guardian)

(Date)

RECORDS REQUESTED:

_____ Attendance Data

_____ Report Cards (Past and Current)

_____ Group Aptitude and Achievement Testing

_____ Health, Medical and Dental Records

_____ Personal History

_____ Psychological Reports

_____ Psychiatric Evaluations

_____ Special Education Due Process Papers and IEP

_____ Speech and Language Evaluations

_____ Instructional Support Plans and Summaries

_____ Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list