



Baldwin-Whitehall School District

Administration Office: 4900 Curry Road • Pittsburgh, Pennsylvania 15236-1817
Telephone: 412-884-6300 • FAX: 412-885-7802 • Website: www.bwschools.net

Baldwin High School
4653 Clairton Blvd.
Pittsburgh, PA 15236
412-885-7500
Fax: 412-885-7982

Harrison Middle School
129 Windvale Dr.
Pittsburgh, PA 15236
412-885-7530
Fax: 412-885-6766

McAnnulty Elementary
5151 McAnnulty Rd.
Pittsburgh, PA 15236
412-714-2020
Fax: 412-714-2024

Paynter Elementary
3454 Pleasantvue Dr.
Pittsburgh, PA 15227
412-885-7535
Fax: 412-885-6641

Whitehall Elementary
4900 Curry Rd.
Pittsburgh, PA 15236
412-885-7525
Fax: 412-885-7559

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

PURPOSE OF AUTHORIZATION FOR THE RELEASE OF EDUCATIONAL RECORDS: As a parent or guardian you have the right to give permission or not give permission for the exchange of your child's educational records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request. It also provides you the opportunity to talk with the school district and ask for an explanation as to why the information is being requested and by whom.

Date _____

Student Name _____ DOB _____ Grade _____

I hereby authorize the release of educational records from the agency/person(s) with the school district listed below:

From: _____
Former School

Street Address _____

City, State, Zip _____

Phone # _____

Fax # _____

To:

- Baldwin High School
- Harrison Middle School
- McAnnulty Elementary School
- Paynter Elementary School
- Whitehall Elementary School

Check all record types to be released:

- Health Records
- Attendance Records
- Verbal and written communication with agency
- Special Education Records (Evaluation Reports, Individualized Education Program)
- Transcripts, Report Cards, and Standardized Test Results
- All other relevant information pertaining to educational planning

The reason for disclosing the record(s) is: for referral, assessment and to facilitate educational planning.

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Parent/Guardian Signature

Street Address

City, State, Zip

Contact Phone #