



EPHRATA AREA SCHOOL DISTRICT
REQUEST FOR RECORDS

Name of Student: _____ Date of Birth: _____ Grade: _____

I, the parent or guardian of the above student, give permission for the following records/information to be released **FROM** :

School District: _____ School: _____

Address: _____

Phone: _____ Fax: _____

List specific records/information:

Academic Portfolio Health Discipline Record

Test Scores(Psychologicals, IEP's, NORA's, MDE's) Other _____

Please forward these records to: (check the correct school)

Ephrata High School
Attn: Guidance Office
803 Oak Blvd.
Ephrata PA 17522
Phone: (717) 721-1478
Fax: (717) 721-1129

Ephrata Intermediate School
957 Hammon Avenue
Ephrata PA 17522
Phone: (717) 721-1405
Fax: (717) 721-1406

Ephrata Middle School
Attn: Guidance Office
957 Hammon Avenue
Ephrata PA 17522
Phone: (717) 721-1468
Fax: (717) 721-1469

Akron Elementary
125 S. 11th Street
Akron PA 17501
Phone: (717) 859-0400
Fax: (717) 859-2908

Clay Elementary
250 Clay School Road
Ephrata PA 17522
Phone: (717) 721-1100
Fax: (717) 721-7082

Fulton Elementary
51 E. Fulton Street
Ephrata PA 17522
Phone: (717) 721-1130
Fax: (717) 721-7063

Highland Elementary
99 Highland Avenue
Ephrata PA 17522
Phone: (717) 721-1160
Fax: (717) 721-9060

If this box is checked, please fax *Immunization Records immediately* to Central Enrollment at 717-721-1593 for enrollment purposes. All other records can be sent to the school indicated above. Thank you!

I understand that this release is specifically for the records listed above and only to the recipient noted. I further understand I have the right to inspect and receive a copy of said records via a conference.

Signature of
Parent/Guardian: _____ Date: _____ Phone: _____