



Mount Union Area School District

*Mount Union Junior-Senior High School
Mapleton Union Elementary
Mount Union/Kistler Elementary
Shirley Township Elementary*



Guidance Office Fax: 814-542-8710

REQUEST FOR STUDENT RECORDS

Date: _____

Pupil's Name: _____

D.O.B.: _____ Grade: _____

To: _____
(School Name)

(Address)

(City) (State) (Zip)

The above student has enrolled in our school. Please send his/her records to the address below. Records should include: health records, psychological reports, IEP (if receiving special education services), IST reports and any information that would be helpful in planning the education program.

ADDRESS

Mount Union Area School District
706 North Shaver Street
Mount Union, PA 17066
Attention: Attendance

Registration Staff

AUTHORIZATION TO RELEASE PUPIL'S RECORDS

I have enrolled my child _____ in the Mount Union Area School District and authorize you to release his/her school records.

(Signature)

(Date)

BOARD
Ralph Park, President
Deanna Lee Wagner, Secretary
(814) 542-8631
Fax (814) 542-8633

ADMINISTRATION
Dr. Brett Gilliland, Superintendent
Autmn Fiscus, Director of Business Affairs
(814) 542-8631
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