



THE BOARD OF PUBLIC EDUCATION
CONSENT TO RELEASE STUDENT RECORDS
Office of Information and Technology
 Division of Student Information Management
 341 S. Bellefield Ave. Room #349
 Pittsburgh, PA 15213
 Phone: (412)622-3874/ (412)622-3882



To Whom It May Concern:

In order to confirm the statements of the Attorney General of Pennsylvania in regard to school records and personal security, the following policy was initiated by the Division of System-wide Programs and Services in the Pittsburgh Public Schools.

The Division of Student Information Management of the Pittsburgh Public Schools will not divulge any information contained in school records to outside agencies without the written consent of the student and/or parent. Students who are under the age of 18 need parental consent in writing. If a person is 18 or over, they may obtain release of information by signing for themselves.

The following form may be used as needed. If you wish to contact Student Information Management, please refer to the address and phone numbers listed above.

Sincerely yours,

Mr. Lawrence Bergie
 Chief Information Officer

Copy of photo ID or driver's license is required with this request

Do not use this form for Connelley GED requests, please contact the GED Harrisburg Office

DO NOT FAX THIS FORM

I. STUDENT INFORMATION:

Current Name: _____ **Maiden/Other name (if applicable):** _____ **Birthdate:** ____/____/____

Contact Phone #: _____ *OR* _____

II. K-12 SCHOOL INFORMATION:

Pittsburgh Public School(s) attended (1st – 12th grade only):

PLEASE ONLY LIST SCHOOLS THAT YOU NEED RECORDS FROM

1. (Pittsburgh Public School only) _____ **Year graduated:** _____ or **Date of attendance/withdrawal:** _____
2. (Pittsburgh Public School only) _____ **Year graduated:** _____ or **Date of attendance/withdrawal:** _____
3. (Pittsburgh Public School only) _____ **Year graduated:** _____ or **Date of attendance/withdrawal:** _____

III. POST-SECONDARY SCHOOL INFORMATION:

Connelley Adult Education Program(s) (LPN, Drafting, Surgical Tech, etc. [NO GED REQUESTS]): _____

Year you attended/graduated from Connelley: _____ **Social Security Number:** _____ - _____ - _____

SIM OFFICE USE ONLY

Mailed official _____ Mailed unofficial _____ Faxed (unofficial) _____ PPS HR _____

Picked-up official _____ Picked-up unofficial _____ Phone (unofficial) _____

Date: ____/____/____ Date: ____/____/____ Date: ____/____/____

IV. TRANSCRIPT FORWARDING INFORMATION:

Please furnish a copy of my/the transcript to (check all that apply): Self ____ Institution/School ____ Employer ____ Other ____

FORWARDING INFORMATION #1 (MUST COMPLETE)

Send transcript to: _____

Attention: _____

Phone: _____ **Fax:** _____

FORWARDING INFORMATION #2

Send transcript to: _____

Attention: _____

Phone: _____ **Fax:** _____

ADDITIONAL COMMENTS/INSTRUCTIONS:

V. CONSENT TO RELEASE RECORDS:

I, _____, hereby grant Pittsburgh Public Schools permission to release a copy of my/my
Print name

child's/deceased relative's transcripts. I relieve Pittsburgh Public Schools of any liability that may arise in the process of this request.

SIGNATURE: _____ **DATE:** _____