

PARENT/STUDENT AUTHORIZATION TO RELEASE TRANSCRIPTS

Date: _____

YOG: _____

Student's Name: _____

DOB: _____

Name and Address of the Institution or Scholarship Program the transcript is to be sent:

_____ **Official Transcript**
_____ **Unofficial Transcript**

I grant full permission for the Union High School, 354 Baker Street, Suite 1, Rimersburg, PA 16248, to release my academic transcripts to the Institution and/ or Scholarship Program listed above.

Parent Signature (If student is under age 18)

Date

Student Signature

Date

PSSA WAIVER

In signing below, I am requesting that my child's PSSA scores NOT be included in any form on my child's official academic transcript as per Pennsylvania Public School Code and federal law as outlined in the Family Educational Rights and Privacy Act of 1974.

(i) PSSA scores in each assessed discipline shall be included on student transcripts and may be released only with the permission of the student and parent or guardian, or the student only if the student is 18 years of age or older.

(f) Individual test information shall be maintained in a student's educational record in a manner consistent with section 438 of the Family Educational Rights and Privacy Act of 1974 (20 U.S.C.A § 1232g) and 34 CFR Part 99 (relating to family educational rights and privacy).

I HEREBY REQUEST THAT PSSA SCORES NOT BE CONTAINED WITHIN MY CHILD'S OFFICIAL ACADEMIC TRANSCRIPT.

Parent/Guardian Signature

Date