

ROCKWOOD AREA SCHOOL DISTRICT

RELEASE OF INFORMATION

Date: _____

Student's Name: _____

Address: _____

Date of Birth: _____

Please send the following information to:

Attention: _____

_____ Current Transcript

_____ Current Report Card

_____ End of the Year Transcript

_____ IEP

_____ Psychological Report

_____ Other _____

Parent Signature (if under age 18)

Student Signature