## WYOMISSING AREA SCHOOL DISTRICT 630 Evans Ave. Wyomissing, PA 19610

## REQUEST FOR ACADEMIC AND HEALTH RECORDS

Student Name:	GRADE:
Date of Enrollment:	
Former School:	
Address:	
Date of Withdrawal:  Please forward the following records to the school listed below:	
DISCIPLINARY RECORDS	CORDS
PSYCHOLOGICAL TESTING RECORDS SPECIAL EDUCATION RECORDS ALL OTHER AVAILABLE SCHOOL RECORDS	
Authorizing Signature:	Date:
lease forward ACADEMIC & HEALTH REC	ORDS to:
TTENTION Guidance Office/Records: GR K-4):Wyomissing Hills Elementary Center, 110 Woo	odland Road, Wyomissing, PA 19610
GR 5 & 6):West Reading Elementary Center, 421 Chestr	nut Street, West Reading, PA 19611
GR 7-12): Wyomissing Area Jr/Sr High School, 630 Eva	nns Avenue, Wyomissing, PA 19610

To be completed by student's previous school and forwarded with student records.

The above named student's PA Secure I.D. # is \_\_\_\_\_