STUDENT RECORDS REQUEST POCONO MOUNTAIN SCHOOL DISTRICT

P.O. BOX 200 SWIFTWATER, PA 18370-0200 ATTENTION: RECORDS DEPARTMENT

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. A PROPERLY COMPLETED FORM SUBMITTED TO THE SCHOOL DISTRICT WILL BE CONSIDERED A WRITTEN REQUEST.

Section 1 – REQUESTER IN (Please Print Clearly)	FORMATION -	To be cor	npleted and sig	ned by the Requester	r at the time submitted to PMSD
Last Name			е	Middle Initial	Maiden Name
Address (Street Name and Number)					
City		State	Zip Code	Date of Birth	Graduation/Withdrawal Year
Telephone Number		E-Mail	E-Mail Address (Optional)		
Last PMSD School Attended:					
Date (Month/Day/Year)		Requester's Signature X			
<u>Section 2</u> – INSPECTION OR COPYING OF STUDENT RECORD – To be completed by the Requester Please check each box applicable to your request.					
Type of Request: Record(s) Req				Transmit Record:	
_ Inspection of Records Transcript (\$ _ Copy Records (25 ¢ charge per copy) Medical Rec		\$3.00 per tr	anscript)	By Mail For Inspection of Records	
		cation Records		Appointment must be made with	
Other				Guidance Depart./Special Ed. Depart.	
All payments need to be made by Certified Check or U.S. Postal Money Order. (No cash will be accepted.) Make Checks Payable to: PMSD Section 3 – EDUCATIONAL INSTITUTION INFORMATION – To be completed by the Requester *Official transcripts cannot be sent to a home address or hand delivered. Please provide complete name and address of College or Agency.					
Institution Name					
Address					
City			State		Zip
Attn:					
Institution Name					
Address					
City			State		Zip
Attn:					
Section 4 – RECORDS DEPARTMENT USE ONLY To be completed by the Records Office for each written request.					
WRITTEN REQUEST RECEIVED: Fax Mail Date (Month/Day/Year) Initials					
☐ Request Completed ☐ Der	nied	Total Fee:		☐ Paid	
Completed:					

Initials

Date (Month/Day/Year)