



Susquehannock High School

Kevin Molin, Principal
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P. O. Box 128, Glen Rock, PA 17327-0128

Request for Health and School Records

Student's Former School

School Address

City, State and Zip Code

Last Day of Attendance at Former School:

Grade Level:

Student's Last Name: _____ **First Name:** _____

The above referenced student entered Susquehannock High School on _____.
(Date)

Please forward all school records pertaining to this student to the address above. Records should include:

- ❖ Academic Records
- ❖ Health and Dental Records Including Immunization Information
- ❖ IEP's
- ❖ Education Psychological/Psychiatric Reports
- ❖ Discipline Records
- ❖ Any Other Available School Records

PLEASE FORWARD THIS FORM OR A COPY WITH THE STUDENT RECORDS.

Signature of School Official

Date

Signature of Parent/Guardian

Date

For disciplinary records, please check the appropriate box:

Certified Disciplinary Record Enclosed

Student Has No Disciplinary Record

Signature of Sending School Official

Date

*We, as human beings, should wish to be loved and embraced for our character,
respected and relied on for our courage, and trusted for our conscience.*