



Transfer of Records Consent Form

I give permission to release the records and recommendations for the placement of my child _____

(Full Name of Child)

Parent Signature _____ Date: _____

Name and address of school child previously attended:

My Child has had services from the following:
Early Intervention program at _____

Capital Area Intermediate Unit (CAIU) _____

Educational Psychological Evaluation completed by whom and date completed

We will need a copy of the test results and IEP to review prior to admittance.

My child needs help in the following academic areas _____

Other _____

Please forward the following records: Transcript of Records _____
Speech and Language Records _____
Personal Health History _____
Health/Dental Records _____
Disciplinary Records _____

Principal's Signature _____

Please mail to: St. Margaret Mary School
2826 Herr St.
Harrisburg, PA 17103