



AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name _____ **DOB** _____

I authorize Widener Partnership Charter School to request confidential records and/or information for the above mentioned student from:

Previous School Name _____

Previous School Address _____

Previous School City _____ **State** _____ **Zip** _____

Previous School Phone _____ **Fax** _____

Please include all records in the request, including report cards, disciplinary records, special education records, IEP's, and services your child has received, if applicable.

Parent/Guardian Signature _____ **Date** _____

Please send records to: **Widener Partnership Charter School**
1450 Edgmont Avenue
Chester PA, 19013
Telephone: (610) 872-1358
Fax: (610) 872-1794