

CALYPSO ELEMENTARY SCHOOL
Bethlehem Area School District
1021 Calypso Avenue
Bethlehem, PA 18018

AUTHORIZATION TO RECEIVE RECORDS

To: _____

The following student/students have been enrolled in our school for the present school year.

NAME	GRADE
_____	_____
_____	_____
_____	_____

Please send the following information so that the student/students may be placed properly in the above grade level/levels.

- _____ Educational, including group test scores
- _____ Health and dental records
- _____ Psychological or other individual test scores
- _____ Other _____
(Please specify)

Kathleen Bast, Principal

PARENT PERMISSION

I hereby authorize release of the above information.

Date

Signature of Parent or Guardian