



## **RELEASE OF INFORMATION**

**(We must have the following information. Name, address, and phone number of school last attended.)**

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I hereby grant permission for the release of the following information from/to the Souderton Area School District:

Student: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

School Records	_____
Health Records	_____
Psychological Reports	_____
IST/Child Study Reports	_____
IEP	_____
CER	_____
Other (list)	_____

**The following information will be completed by school personnel:**

Person \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

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The information being released is solely for the confidential use of the Souderton Area School District and its contents may not be released or communicated to anyone else unless authorized by the parents or guardians.

Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_