Authorization for Release of Information

Student Name:		
Birth Date:	Grade:	Date of Last Attendance:
Former School Information:		
Name of School	ol:	
School Addres	Street	City/State Zip Code
	one Number:	
<u>Please release</u> : All Academic Records and Test Scores, Immunizations and Health Records, IEP, Disciplinary Records, Psychological Reports and other pertinent school records to the appropriate address.		
 □ Center Grange Primary School 225 Center Grange Road, Aliquippa, PA 15001 (724) 775-8201 Ext. 13010 (724) 775-1934 (Fax) □ Todd Lane Elementary School 113 Todd Lane, Monaca, Pennsylvania 15061 (724) 775-1050 Ext. 12100 (724) 775-2799 (Fax) □ Central Valley Middle School 1500 Allen Avenue, Monaca, Pennsylvania 15061 (724) 775-8200 Ext. 16025 (724) 775-1557 (Fax) □ Central Valley High School 160 Baker Road Extension, Monaca, Pennsylvania 15061 (724) 775-4300 Ext. 16000 (724) 775-6560 (Fax) 		
(Parent/Guardian Signature) (Date)		
According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976; it is no longer necessary to obtain written consent to release records between schools. It states that school officials including teachers within the educational institution and officials of other schools in the system in which the students may intend to enroll may receive a student's record without a written consent for such release.		
Has this student ever been enrolled in any special program(s)? ☐ Yes ☐ No ☐ Special Education ☐ Speech ☐ 504 Service Agreement ☐ Gifted Program ☐ Other Provide current copies of the student's IEP, Evaluation Report, NOREP, and Psychological Evaluation. Revised July 2012		