

# Quaker Valley School District

Osborne Elementary  
1414 Beaver Road  
Sewickley, PA 15143  
412-749-4003  
Fax # 412-741-7369

Edgeworth Elementary  
200 Meadow Lane  
Sewickley, PA 15143  
412-749-3605  
Fax # 412-749-9867

Quaker Valley Middle  
618 Harbough St.  
Sewickley, PA 15143  
412-749-5079  
Fax # 412-749-9844

Quaker Valley High  
625 Beaver St.  
Sewickley, PA 15143  
412-749-6020  
Fax # 412-749-122

QUAKER VALLEY SCHOOL DISTRICT  
100 Leetsdale Industrial Drive  
Leetsdale, PA 15056

## AUTHORIZATION FOR EXCHANGE OF INFORMATION

I authorize the following organizations Quaker Valley School District and  
\_\_\_\_\_ to send (fax-email)/release/exchange information  
and have verbal communication regarding \_\_\_\_\_  
(student name) (DOB)

This information is to be used in the planning of an appropriate educational program for the student. The confidentiality of the information received will be protected by the State and Federal guidelines regarding the collection, maintenance and dissemination of student records (Family Education Rights and Privacy Act of 1974).

Information for release includes the following: (Please Check)

- |  |  |
|--|--|
| <input type="checkbox"/> Grades Report Card          | <input type="checkbox"/> Psychological/Psychoeducational/<br>Neuropsychological Evaluation |
| <input type="checkbox"/> Standardized Test Results   | <input type="checkbox"/> _____ Psychiatric Evaluation                                      |
| <input type="checkbox"/> Health/Immunization Records | <input type="checkbox"/> Special Education Data (ER, IEP)                                  |
| <input type="checkbox"/> Attendance Records          | <input type="checkbox"/> Gifted Education Data (if separate<br>from special education)     |
| <input type="checkbox"/> Transcripts/Credit Data     | <input type="checkbox"/> Other, Please Specify:<br>_____                                   |
| <input type="checkbox"/> Discipline Records          |  |
| <input type="checkbox"/> Discharge Summary           |  |

\_\_\_\_\_  
(Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student, if age 14 or older)

\_\_\_\_\_  
(Telephone)

*Authorization valid for 180 days from the date signed unless revoked by written request*

Revised 10/2017  
Leah Wells