

UNITED SCHOOL DISTRICT

10780 Route 56 Highway East, Armagh, PA 15920
(814) 446- 5615

Parent/ Guardian Exchange of Records/Information Form

This form gives the United School District permission to request records from and/or send records to an agency. Please include the agency's name, address, phone number and contact person(s). If the student is 14 years old or older, the student's signature is required for mental health and drug and alcohol treatment facilities.

I, the undersigned Parent/Guardian, do hereby authorize the exchange of records/information for my son/daughter:

_____, whose date of birth is _____,

between _____
(United School District representative)

and

Agency: _____ Phone Number: _____

Address: _____

Contact Person(s): _____

The purpose of this exchange is for: _____.

The consent for disclosure is limited to the following items:

EDUCATIONAL RECORDS:

____ Academic Progress Reports/ Report Cards
____ Evaluation Reports
____ IEP
____ Other _____

HEALTH RECORDS:

____ Speech and Language Reports
____ Hearing Reports
____ Vision Reports
____ Physical Therapy Reports
____ Occupational Therapy Reports
____ Medical Health Reports

MENTAL HEALTH RECORDS:

____ Psychological Reports
____ Psychiatric Reports
____ Progress Summary
____ Aftercare Plan
____ Other _____

____ OTHER: _____

I understand that the information will be exchanged between United School District and the agency listed for the purpose(s) noted above.

Parent/ Guardian Signature

Date

Student Signature (if age 14 or older)

Date

United School District Representative Signature

Date