

**MONTOURSVILLE AREA SCHOOL DISTRICT**

50 North Arch Street  
Montoursville, PA 17754  
(570) 368-2491

**AUTHORIZATION FOR RELEASE OF SCHOOL & HEALTH RECORDS**

ALL schools and school districts, including but not limited to:

School: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Are authorized to release to the **Montoursville Area School District**, or any representative or employee of the **District**, all school records, including but not limited to: transcripts, immunizations, health, discipline reports, certificate of birth, and intelligence, psychological, PSSA, Keystone, and achievement testing and evaluations relating to:

1) Student's Name: \_\_\_\_\_

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

2) Student's Name: \_\_\_\_\_

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

3) Student's Name: \_\_\_\_\_

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

upon presentation of this release or a photostatic or facsimile copy thereof, and release of oral information regarding the above-mentioned student to the attention of:

Guidance Office  
Montoursville Area High School  
700 Mulberry Street  
Montoursville, PA 17754  
Phone: (570) 368-2611 or Fax: (570) 368-2768

Parent(s)/Guardian(s) Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_  
(Parent/Guardian Signature)

Date: \_\_\_\_\_

***(Information released will be used for professional purposes and will be treated confidentially.)***