

**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:

Principal's Office  
Loyalsock Valley Elementary School  
3790 Route 87 Hwy  
Montoursville, PA 17754  
Phone: (570) 435-0446 or Fax: (570) 435-3214

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.)***