

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
C. E. McCall Middle School
600 Willow Street
Montoursville, PA 17754
Phone: (570) 368-2441 or Fax: (570) 368-3521

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.)