

MONTOURSVILLE AREA SCHOOL DISTRICT

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

AUTHORIZATION FOR RELEASE OF SCHOOL & HEALTH RECORDS

This is to certify that _____,
(Student Name) (Date of Birth)

entered the _____ grade in the Montoursville Area School District on _____
(Month, Day, Year)

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, Special Education Forms (IEP, NOREP, etc), 504 plans and achievement testing and evaluations relating to the above student.

Name of previous school _____

Address of previous school _____

Phone # of previous school _____ Fax # of previous school _____

The above information must be filled out

Parent(s)/Guardian(s) Name: _____
(Please print)

Signature: _____
(Parent/Guardian Signature)

Date: _____

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

SEND OR FAX RECORDS TO:

☐ Loyalsock Valley Elementary School
3790 St Rt 87 Hwy
Montoursville, PA 17754
(570) 435-0446 phone
(570) 435-3214 fax

☐ C. E. McCall Middle School
600 Willow St
Montoursville, PA 17754
570-368-2441 phone
570-368-3521 fax
ggarneau@montoursville.k12.pa.us email

☐ Lyter Elementary School
900 Spruce St
Montoursville, PA 17754
570-368-2614 phone
570-368-3535 fax
ndame@montoursville.k12.pa.us email

☐ Montoursville Area High School
700 Mulberry St
Montoursville, PA 17754
570-368-2611 phone
sgush@montoursville.k12.pa.us email

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