



PENN-TRAFFORD SCHOOL DISTRICT

"Effective, Efficient, Quality Education"

Sunrise Estates Elementary School
171 Sunrise Drive
Irwin, Pennsylvania 15642
www.sr.penntrafford.org

Dr. Karin E. Coiner
Principal
724-864-6700

Consent for Release of Information

I hereby authorize _____
(name address of facility)

To release information from and or receive the records of:

(Student Name) (Date of Birth)

For the purpose of: _____

Methods of release (must check one) _____ verbal only _____ copies only _____ verbal and copies

The information released is:

- | | |
|---|---|
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Medical History |
| <input type="checkbox"/> Psychiatric/Psychological Evaluation | <input type="checkbox"/> Academic/School records/Attendance |
| <input type="checkbox"/> Mental Health Treatment (therapeutic sessions) | <input type="checkbox"/> Other _____ |

Please forward information to attention of:

Penn-Trafford School District:
Sunrise Elementary School
171 Sunrise Drive
Irwin, PA 15642
724-744-2161

In order to protect the confidentiality of records, I have been told that my agreement to obtain release information is necessary and that this permission is limited for the purposes and persons above. I am willing to allow a copy of the release in lieu of the original release. I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon.

This consent shall be effective from _____ to _____

(Signature of Parent/Legal Guardian) Date _____