



# Sunrise Estates Elementary School

171 Sunrise Drive, Irwin, PA 15642  
Phone: 724-864-6700; Fax: 724-864-0226  
www.sr.pentrafford.org

## 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:

- Special Education Records  Medical History
- Individualized Education Plan  Academic/School records
- Psychiatric/Psychological Evaluation  Attendance
- Other \_\_\_\_\_

Please forward information to attention of:

Penn-Trafford School District: Sunrise Estates Elementary School  
Attention: Dr. Karin E. Coiner  
171 Sunrise Drive  
Irwin, PA 15642  
Phone: 724-864-6700

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 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent/Legal Guardian)