



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT

555 Red Lion Road, Huntingdon Valley, Pennsylvania 19006

*Expanding Horizons...
Individualizing Excellence*

SCOTT DAVIDHEISER, ED.D
SUPERINTENDENT OF SCHOOLS

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Student	_____	DOB	_____
Address	_____	School	_____
	_____	Grade	_____

I (we) the undersigned, parent(s)/legal guardian(s) of above student hereby authorize:

Lower Moreland Township School district
2551 Murray Avenue
Huntingdon Valley, Pa 19006

to release copies of records to, or obtain records from, and communicate with:

to assist in educational planning, The specific items requested are:

- | | |
|--|---|
| <input type="checkbox"/> School reports, academic and discipline records, transcripts, standardized test scores, instructional support intervention and attendance records | <input type="checkbox"/> Complete Special Education Records: Evaluation Reports, Re-evaluation Reports, Specialists Reports, Individualized Education Plan, Notice of Recommended Educational Placement, Functional Behavioral Assessments. |
| <input type="checkbox"/> Psychological, Psychiatric and social worker reports, outside agency reports (wrap-around services, Therapeutic support Staff, etc. | <input type="checkbox"/> Medical records, Health Reports |

This consent will begin the date of this authorization and will expire one year later, on _____ unless revoked by me in the interim. I (we), the undersigned, hereby acknowledge that I (we) have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled confidentially, and in compliance with federal and state regulations.

Date

Parent Signature

Parent Signature