



CENTRAL DAUPHIN SCHOOL DISTRICT

600 RUTHERFORD ROAD

HARRISBURG, PA 17109

☎ - (717) 545-4703 📠 - (717) 214-5192

REQUEST FOR PERMISSION TO RELEASE OR RECEIVE CONFIDENTIAL RECORDS TO OR FROM A THIRD PARTY

Student Name: _____ **Date of Birth:** _____ **Grade:** ____ **School:** _____
(please print)

Through the signature below, Central Dauphin School District is authorized to **RELEASE** or **RECEIVE** confidential records for my child.

Records shall be released to or received by the following third party:

(Please provide information below regarding the **PHYSICIAN/COLLEGE/SCHOLARSHIP** or other **THIRD PARTY**)

Physician's/College/Scholarship (third party) Name: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

It is my understanding that these records may include any or all of the following:

- School records, Grades, Transcripts
- Psychological/Counselor Report(s)
- NORA/IEP's/504 plans/GIEP's
- Psychiatric, Teacher and/or Counselor observations
- Other _____
- Health Records
- Team Report(s)
- Standardized Test Scores
- Naviance File/Career Portfolio Artifacts

Signature of Parent (if student is under 18): _____ Date: _____

Signature of Student (for students 18 and over): _____ Date: _____