



Central Dauphin School District
600 Rutherford Road
Harrisburg, PA 17109

Request To Release or Receive Information

Name: _____ Student ID#: _____

Date of Birth: _____ Year of Graduation: _____

The Central Dauphin School District is interested in sharing information with institutions or agencies to assist you son/daughter in the educational decision-making process.

In making this request, I hereby grant the Central Dauphin School District permission to release and/or receive information to/from the following:

Any College and/or Scholarship and NCAA Eligibility Center

The information to be shared may include the following: transcripts, standardized test scores, health records, Teacher Recommendations, Counselor Reports and/or Recommendations, IEP's, 504 Plans, other _____

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

Signature of Student _____ Date: _____