

UPPER MERION AREA SCHOOL DISTRICT

STUDENT SERVICES DEPARTMENT

450 Keebler Road, King of Prussia, PA 19406



PARENTAL AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION FROM OR TO UPPER MERION AREA SCHOOL DISTRICT

Student's Full Name _____ Date of Birth _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Upper Merion Area High School
435 Crossfield Road
King of Prussia, PA 19406
(610) 205-3821
(610) 205-3886 (fax) | <input type="checkbox"/> Upper Merion Area Middle School
450 Keebler Road
King of Prussia, PA 19406
(610) 205-8833
(610) 205-8856 (fax) | <input type="checkbox"/> Bridgeport Elementary School
900 Bush Street
Bridgeport, PA 19405
(610) 205-3600
(610) 205-3649 (fax) |
| <input type="checkbox"/> Caley Elementary School
725 Caley Road
King of Prussia, PA 19406
(610) 205-3650
(610) 205-3699 (fax) | <input type="checkbox"/> Candlebrook Elementary School
310 Prince Frederick Street
King of Prussia, PA 19406
(610) 205-3700
(610) 205-3749 (fax) | <input type="checkbox"/> Roberts Elementary School
889 Croton Road
Wayne, PA 19087
(610) 205-3750
(610) 205-3799 (fax) |
| <input type="checkbox"/> Gulph Elementary School
650 South Henderson Road
King of Prussia, PA 19406
(610) 592-2020
(610) 592-2099 (fax) | | |

This will authorize the Upper Merion Area School District to release or obtain confidential records and/or information
from/to the following School or Agency: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

The specific information to be released is:

- | | |
|---|---|
| <input type="checkbox"/> ALL RECORDS | <input type="checkbox"/> Medical / Immunization Records |
| <input type="checkbox"/> Teacher / School Reports / Grades to Date/Transcript | <input type="checkbox"/> State Test Results |
| <input type="checkbox"/> Discipline/Attendance Records | <input type="checkbox"/> Evaluation/Re-Evaluation |
| <input type="checkbox"/> Signed Permission to Evaluate | <input type="checkbox"/> Signed IEP Invite/IEP |
| <input type="checkbox"/> Additional Testing/Evaluations/Assessments | <input type="checkbox"/> Signed NORA |
| <input type="checkbox"/> Sign GIEP Invite/GIP | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Signed NOREP | |

Student Withdrawal Date from UMASD _____ (mm/dd/yyyy) (if applicable)

Parent/Guardian Signature: _____ Date: _____