



Ringgold School District
RINGGOLD HIGH SCHOOL

Dr. Gregory Saraceni, *Principal*
Mrs. Mary Grace Stutzman, *Assist. Principal*
Mrs. Heather D. Roman, *Assistant Principal*

1 Ram Drive
Monongahela, PA 15063

724-258-2200
Fax 724-258-7360

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____
(Student's Name) (Date of Birth)

Herby authorize Ringgold School District to release my records to _____
_____ during my enrollment at Ringgold High School.

The information released is as follows:

- | | |
|-----------------------|--|
| 1. Academic Records | 4. SAT, ACT, etc. Test Scores |
| 2. Attendance Records | 5. Health/Immunizations (if requested) |
| 3. Class Rank/GPA | |

I understand that I am not obligated to request this disclosure and understand that I may revoke this consent at any time by notifying Ringgold School District in writing and/or specifying a date, event or condition upon which my consent will expire.

I have had this form explained to me: I understand its contents and believe this request to be in my best interests.

Signature of Client/ Representative
(Current students must have Parent/Guardian signature)

Date

Relationship, if other than client
(Example: Mother, Father, or Guardian)

Graduation Year

THE AUTHORIZATION GIVEN ON THIS FORM SHALL BE IN EFFECT UNTIL ALL REQUESTS HAVE BEEN SATISFIED OR UNLESS OTHERWISE SPECIFIED BY THE CLIENT.