



Northwestern Lehigh School District

6493 Route 309

New Tripoli, PA 18066

www.nwlehighsd.org | 610.298.8661 | @nwlehighsd | #TigerPride

Authorization for Release of Records

Weisenberg Elementary 2665 Golden Key Road, Kutztown, PA 19530 (610) 285-6169 Fax: (610) 285-2677	Northwestern Elementary 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8573	Northwestern Lehigh Middle School 6636 Northwest Road New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8178	Northwestern Lehigh High School 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: 610-298-2063
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DATE OF REQUEST: _____

Name of Student: _____ Date of Birth: _____ Grade: _____

I, the parent/guardian of the student listed above, hereby authorize the below-listed person/entity to release educational, medical, and health information/records regarding my [son/daughter] to the Northwestern Lehigh School District.

Name: _____

(School, Physician, or Entity from whom records are being requested)

Address: _____

Phone Number: _____ Fax Number: _____

The specific educational, medical, health information/records to be released include the following:

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| <input type="checkbox"/> Health Records/Immunizations | <input type="checkbox"/> Multidisciplinary Reports |
| <input type="checkbox"/> Transcripts/Report cards | <input type="checkbox"/> ER, IEP, NOREP |
| <input type="checkbox"/> Academic records | <input type="checkbox"/> GWR, GIEP, NORA |
| <input type="checkbox"/> Attendance/Enrollment Records | <input type="checkbox"/> Speech/Language Reports |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> 504 Agreement |
| <input type="checkbox"/> Team Action Plan (IST, SAP, etc.) | <input type="checkbox"/> Physical Therapy/Occupation Therapy Reports |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Social History Records |
| <input type="checkbox"/> Psychological/Psychiatric records | <input type="checkbox"/> Other pertinent educational records |

OTHER RECORDS (Specify): _____

I authorize the employees of the Northwestern Lehigh School District to verbally discuss and exchange educational or health record information about my child, with the above named person/entity. I formally request written confirmation of any physician's instructions regarding the school setting. I also understand and acknowledge the following:

- all records and information exchanged shall be considered confidential;
- (if applicable) the use of these medical/health records and information is limited to the reasonable and necessary use in the school setting;
- any records and information received may be placed in the child's education record if used as a source of information to provide the child with appropriate educational programming, and/or be of clear importance to protect the child or others;
- if the above information does become part of the child's educational record, the Family Educational Rights and Privacy Act and the Confidentiality Sections of the Education of the Handicapped Acts grant the parent, guardian or surrogate the right to review and/or receive a copy of said report(s);
- the duration and effectiveness of this release shall continue for 365 days from the date written above, unless it is revoked in writing before that time. I understand that I may revoke this release at any time by providing written notice to the Northwestern Lehigh School District.

Signature of Parent/Guardian

Date of Parent/Guardian's Signature