RINGGOLD SCHOOL DISTRICT

400 Main Street New Eagle, PA 15067
Telephone: (724) 258-9329

AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

Request Date: ____/____/____

Student Name _____ ____/____/____ _____
(Student Name) (Birthdate) (Age)

☐ **Sending Information:** ☐ **Requesting Information: (Check One or Both)**

I hereby authorize:
Ringgold Area School District
400 Main Street
New Eagle, PA 15067

☐ **Release Information to"** ☐ **"Obtain Information From": (Check One or Both)**

_____
(Name)

_____
(Address) (City/State/Zip Code)

SPECIFIC INFORMATION TO BE RELEASED: (Check all that apply.)

___ Attendance Records
___ Psychological Evaluation
___ Psychiatric Evaluation
___ Special Education Records
___ Report Cards
___ Evaluation Report
___ Discipline Records
___ Immunization/Health Records
___ Treatment Plan
___ Academic/ Permanent Records
___ PIMS Information
___ Behavior Reports
___ Test Score Results
___ School Personnel Observations and Rating Scales
___ Other (Specify): _____

Comments:

Purpose for Release of Information:

I understand that I am not obligated to request this disclosure and understand that I may revoke this consent at any time by notifying the 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 interest.
I hereby authorize the release of all records requested above to the Ringgold School District.

_____ ____/____/____
(Parent Signature) (Relationship) (Date)

_____ ____/____/____
(School Signature) (Building) (Date)