



Central Registration
601 N. Lansdowne Avenue
Drexel Hill, PA 19026
610-352-2400
www.upperdarbysd.org

Request for Release of Information to the School District

I (We) _____ authorize and request

Name of sending school/agency: _____

Address of sending school/agency: _____

(including city, state, and zip code) _____

Phone/fax of sending school/agency: _____

To release information regarding:

Name of student: _____ Birthdate of student: _____

Name of parent: _____

Please send the information to the following Upper Darby School:

School: _____

Address: _____

Phone: _____ Fax: _____

Please release the following information:

- Educational Information (School records) Registration
- Immunization Medical Information ER
- IEP/NOREP Psychological Evaluation Psychiatric Evaluation Neurological Evaluation Welfare Agency/HUD/Section 8 information
- Previous Landlord/Agent/Homeowner contact information
- Current Landlord/Agent/Homeowner contact information
- Any Agency, Company or Individual relative to any documentation or testimony presented to Upper Darby School District which is pertinent to the registration of the child(ren)
- Other (please specify) _____

Parent/Guardian Signature: _____ Date: _____

Homeowner/Lessee Signature: _____ Date: _____

Student Signature: _____ Date: _____

(for all records if student is 18 years or older)

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