



CENTRAL DAUPHIN SCHOOL DISTRICT

75 SOUTH HOUCKS ROAD

HARRISBURG, PA 17109

Phone ☎ 717.545.4703

Fax 📠 717.657.4999

REQUEST FOR PERMISSION TO RELEASE OR RECEIVE CONFIDENTIAL RECORDS TO OR FROM A THIRD PARTY

Student Name: _____ Date of Birth: _____

Grade: _____ School: _____

Through the signature below, Central Dauphin School District is authorized to **RELEASE** or **RECEIVE** confidential records for my child. This release will remain in effect for **ONE** year from the date of signing.

Records shall be released to or received by the following third party:

Please provide information below regarding the third party:

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Please check the boxes next to records that you wish to release:

- | | |
|---|--|
| ☐ School Records, Grades | ☐ Standardized Test Scores |
| ☐ Transcripts | ☐ Team Report(s) |
| ☐ Psychological/Counselor Reports | ☐ NORA/IEPs/504 Plans/GIEPs |
| ☐ Psychiatric, Teacher and/ or
Counselor Observations | ☐ Health Records |
| | ☐ Other _____ |

Signature of Parent _____ Date: _____
(if student is under 18)

Signature of Student _____ Date: _____
(if student is 18 or over)