South Park High School
2005 Eagle Ridge Drive, South Park, PA 15129 • (412) 655-3111 • Fax: (412) 655-1463

South Park Middle School
2500 Stewart Road, South Park, PA 15129 • (412) 655-3111 • Fax: (412) 831-7204

South Park Elementary Center
2001 Eagle Pride Lane, South Park, PA 15129 • (412) 655-3111 • Fax: (412) 655-6540

South Park School District

Consent to Release Information

Student Name: _____ **Date of Birth:** _____

Date: _____ **Grade:** _____

I hereby authorize South Park School District
To:
(Check One)

    Obtain From: _____

    Release To: _____

    Obtain From & Release To: _____

          (Agency/Individual)

          (Address of Agency/Individual)

          (Fax Number of Agency/Individual)

Method of Release:

    Written

The information is to be shared for the purpose of facilitating the student's educational program.

The information to be released and/or obtained is:
(Check All That Apply)

    Educational Records (Including Special Education Documents)

    Behavior Records

    Counseling Records

    Psychiatric Evaluation

    Psychological Evaluation

    Intake/Discharge Summary

    Drug and Alcohol Treatment Summary

    Medical Records

    Custody Papers

    Birth Certificate

    Other (Please Specify): _____

Please note: Any information received by South Park School District will be placed in a file to which parents have access and the capacity to release to a third independent agency. The professional staff of the South Park School District monitors this access. Information will be handled according to South Park School District Records Policy.

I may revoke this release at any time except to the extent that the person who is to make the disclosure has already acted on it. Except as noted above, this release will expire one year from now unless revoked earlier in writing. All information released or obtained will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature: _____ Date: _____

Student Signature & Age: _____ Date: _____
    (14 years or older for mental health records; any age for student's own drug and alcohol records; 18 years or older for educational records)

SPSD Employee Signature: _____ Date: _____

Original to be kept in student's confidential file. Copy to be given to parent/guardian.