



SOUTHERN LEHIGH SCHOOL DISTRICT  
5775 MAIN STREET  
CENTER VALLEY, PA 18034

RELEASE OF INFORMATION FORM

We are requesting your consent to exchange information regarding your child with another school, agency or professional. Before we can do so, written authorization is required.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize the **Southern Lehigh School District** to:

(check one): \_\_\_\_\_ send to \_\_\_\_\_ receive from

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

City/State/Zip \_\_\_\_\_

the following information:

- \_\_\_\_ Health/Immunization records
- \_\_\_\_ Evaluation report
- \_\_\_\_ Psychological evaluation
- \_\_\_\_ Psychiatric evaluation
- \_\_\_\_ Individual Education Program
- \_\_\_\_ Notice of Recommended Education Placement
- \_\_\_\_ Report cards/Progress notes
- \_\_\_\_ Standardized test scores
- \_\_\_\_ Medical records
- \_\_\_\_ Verbal Communication

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date