



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 _____

If you open the form in Adobe Acrobat Reader, you will have the option to sign it electronically.