

Muhlenberg School District
AUTHORIZATION TO GAIN AND/OR PROVIDE
STUDENT RECORD INFORMATION

English
Authorization for Student Record Information

STUDENT _____ BIRTHDATE ____/____/____

TO AUTHORIZE PROVISION OF INFORMATION TO THE Muhlenberg School District *

- A. From records of (agency/individual) _____
- B. Address _____ Phone No. (____) _____
- C. Dates of Service _____
- D. Purpose of Information Request Registration/Enrollment

TO AUTHORIZE THE Muhlenberg School District TO PROVIDE INFORMATION TO

- A. Agency/Individual ** _____
- B. Address _____ Phone No. (____) _____
- C. Purpose of Information Release Withdrawal/Placement

Information to be released (verbally or in writing)***

- Academic (report cards, transcripts, etc.)
- Medical
- Behavior
- Testing
- Non-District Reports
- Special Services Assessments – including psychological, speech, language, hearing, physical therapy, occupational therapy, audiology, casework, medical, vocational, etc.
- Special Education Records
- Other: _____

RETURN INFORMATION TO: Fax: 610-921-9726 or Muhlenberg High School
Guidance Office
801 Bellevue Ave.
Laureldale, PA 19605

Signature of Person Giving Consent

Date

Address

City

Zip Code

Home Phone No.

Work Phone No.

Relationship to Student

* As per Family Educational Rights and Privacy Act (FERPA), parents (or students over the age of 18) have the right to inspect and review any and all official school records directly relating to their child.

** The agency or individual agrees not to permit any other party access to such information without parent/guardian or eligible student consent.

*** As per Family Educational Rights and Privacy Act (FERPA), parents may have a copy of the information to be released if desired.