

**Boyertown Area School District
Boyertown, PA 19512**

Parent/Guardian Information Release Authorization

Dear _____:

We request permission to (receive from and/or release to): _____
a copy of _____'s student records. Please indicate in the space below
whether you are willing to authorize the release of requested information.

Date: _____

School Counselor: _____

Phone: _____

The Boyertown Area School District is authorized to (release to and/or receive from)
_____ a copy of the portions of _____
student record, as indicated by the checkmarks below:

I authorize the release of the following records:

- a. Administrative Record (*including name, address, telephone number, birth date, sex, academic level completed, grades, class standing, attendance records, parent/guardian's names, siblings, extra-curricular activities, standardized achievement test scores, aptitude test scores*)
- b. Intelligence test scores
- c. Validated teacher and/or counselor observations and evaluations
- d. Family information and background data
- e. Personal evaluation reports
- f. Medical recommendations/reports
- g. Special education reports (*including IEP, ER, NOREP, etc.*)
- h. Direct communication with organization requesting the information

I do not authorize the release of records as requested.

Date

Parent/Guardian Signature

Should you wish to examine your child's record at any time, you may arrange to do so by making an appointment with the building principal.