

New Philadelphia City Schools
AUTHORIZATION TO GAIN AND/OR PROVIDE
STUDENT RECORD INFORMATION

STUDENT _____ BIRTHDATE ____ / ____ / ____ SCHOOL _____

TO AUTHORIZE PROVISION OF INFORMATION TO THE New Philadelphia City Schools *

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

TO AUTHORIZE THE New Philadelphia City Schools TO PROVIDE INFORMATION TO

- A. Agency/Individual** _____
- B. Address _____ Phone No.(____) _____
- C. Purpose of Information Release _____
- D. Information to be released (verbally or in writing)***
- ☐ Academic
 - ☐ Attendance
 - ☐ Behavior
 - ☐ District Testing
 - ☐ Non-District Reports
 - ☐ Special Services Assessment - including psychological, speech, language, hearing, physical therapy, occupational therapy, audiology, casework, medical, vocational, etc.
 - ☐ Transcript
 - ☐ Other: _____

RETURN INFORMATION TO:

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.