

MONTOURSVILLE AREA SCHOOL DISTRICT

50 North Arch Street
Montoursville, PA 17754
(570) 368-2491

AUTHORIZATION FOR RELEASE OF SCHOOL & HEALTH RECORDS

This is to certify that _____,
(Student Name) (Date of Birth)

entered the _____ grade in the Montoursville Area School District on _____
(Month, Day, Year)

Are authorized to release to the **Montoursville Area School District**, or any representative or employee of the **District**, all school records, including but not limited to: transcripts, immunizations, health, discipline reports, certificate of birth, and intelligence, psychological, PSSA, Keystone, Special Education Forms (IEP, NOREP, etc), 504 plans and achievement testing and evaluations; Career Portfolios relating to the above student.

Name of previous school _____

Address of previous school _____

Phone # of previous school _____ Fax # of previous school _____

The above information must be filled out

Parent(s)/Guardian(s) Name: _____
(Please print)

Signature: _____
(Parent/Guardian Signature)

Date: _____

Upon presentation of this release or a photo static or facsimile copy thereof, and release of oral information regarding the above-mentioned student to the attention of:

SEND OR FAX RECORDS TO:

Loyalsock Valley Elementary School
3790 St Rt 87 Hwy
Montoursville, PA 17754
(570) 435-0446 phone
(570) 435-3214 fax

C. E. McCall Middle School
600 Willow St
Montoursville, PA 17754
570-368-2441 phone
570-368-3521 fax
dschoch@montoursville.k12.pa.us email

Lyter Elementary School
900 Spruce St
Montoursville, PA 17754
570-368-2614 phone
570-368-3535 fax
ndame@montoursville.k12.pa.us email

Montoursville Area High School
700 Mulberry St
Montoursville, PA 17754
570-368-2611 phone
sgush@montoursville.k12.pa.us email

(Information released will be used for professional purposes and will be treated confidentially.)