



Upper Darby School District

UPPER DARBY
SCHOOL DISTRICT

Request for Release of Information to the District

I (we) _____ authorize and request

Name of sending school/agency: _____

Address of sending school/agency: _____
(including city, state, and zip code)

Phone/fax of sending school/agency: _____

To release information regarding: _____ (name of student/parent/guardian) _____ (birthdate)

*Please send the information to the following Upper Darby School:

School _____

Address _____

Phone _____ Fax _____

Please release the following information:

Educational Information (School records)

Registration

Immunization

Medical Information

ER

IEP/NOREP

Psychological Evaluation

Psychiatric Evaluation

Neurological Evaluation

Welfare Agency/HUD/Section 8 information

Previous Landlord/Agent/Homeowner contact information

Current Landlord/Agent/Homeowner contact information

Any Agency, Company or Individual relative to any documentation or testimony

presented to Upper Darby School District which is pertinent to the registration of the child(ren)

Other (please specify) _____

Parent/Guardian Signature: _____ Date: _____

Homeowner/Lessee Signature: _____ Date: _____

Student Signature: _____ Date: _____
(for all records if student is 18 years or older)