



# 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)