



Springfield School District  
 111 W. Leamy Avenue  
 Springfield, PA 19064



### Authorization for Release of Information

I, \_\_\_\_\_, do hereby consent to and authorize the Springfield School  
 (Print Name of Parent or Legal Guardian)

District to disclose/obtain the information indicated below regarding \_\_\_\_\_,  
 (Print name of student)

D.O.B. \_\_\_\_\_, from all individuals, institutions, or programs providing services to this student.

- \_\_\_\_\_ Educational Records including Standardized Test Scores and Attendance
- \_\_\_\_\_ Special Education Records including IEPs and ER/RRs
- \_\_\_\_\_ Discipline Records
- \_\_\_\_\_ Medical Records including diagnosis, medical history and immunizations
- \_\_\_\_\_ Psychiatric/psychological/ Bio-psychosocial Consultation/Assessments
- \_\_\_\_\_ Treatment Plans and Discharge Summaries
- \_\_\_\_\_ Continuing Care Plan(s)
- \_\_\_\_\_ Legal Services
- \_\_\_\_\_ Other \_\_\_\_\_

This information is needed for proper evaluation of the above named student for educational placement, programming, and services for the Springfield School District.

This authorization will automatically expire on \_\_\_\_/\_\_\_\_/\_\_\_\_ (generally 1 year from the date signed), unless I specify a date, event, or condition upon which it will expire sooner. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically upon said date.

\_\_\_\_\_  
 (Specify limitations and date, event or condition upon which this consent will expire sooner)

\_\_\_\_\_  
 (This is a universal consent; however, if you wish to limit our authorization to a specific group or individual, please indicate that limitation here.)

\_\_\_\_\_  
 (Signature of Parent/Legal Guardian/Legal Representative) (Date)

\_\_\_\_\_  
 (Signature of Youth) (Date)

\_\_\_\_\_  
 (Signature of Springfield School District Representative) (Phone) (Date)

(Copies: \_\_\_\_ Student File / \_\_\_\_ Building Main Office / \_\_\_\_ District: Student Services)