

Central Dauphin School District

600 Rutherford Road

Harrisburg, PA 17109

## Request To Release or Receive Information

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

The Central Dauphin School District is interested in sharing information with institutions or agencies to assist you son/daughter in the educational decision making process.

In making this request, I hereby grant the Central Dauphin School District permission to release and/or receive information to/from the following:

Any College and/or Scholarship and NCAA Eligibility Center

The information to be shared may include the following: transcripts, standardized test scores, health records, Teacher Recommendations, Counselor Reports and/or Reccomednatoins, IEP's, 504 Plans, other \_\_\_\_\_

Signature of Parent (if student is under the age of 18) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_