

CENTRAL DAUPHIN HIGH SCHOOL
437 PIKETOWN ROAD
HARRISBURG, PA 17112

Request to Release or Receive Information

Name of Student _____ School _____

Date of Birth _____ Grade _____ Year of Graduation _____

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

In making this request, I understand that both category "A" and "B" data is available. Category "A" data which includes, but is not limited to; name, address, date of birth, academic record, level of achievement (standardized test scores), attendance, and graduation data will be automatically released. Category "B" data is specific information and should be checked to meet individual needs.

I hereby grant the Central Dauphin District permission to release/or receive category "A" and "B" data to/from:

TO ALL COLLEGE/UNIVERSITIES/SCHOLARSHIPS/AGENCIES

Name of Person(s)/Institution(s)/Firms(s)

Category "A" Data:	Permission Granted	Permission Denied
a. Cum. record of grades (transcript)	_____	_____
b. PSAT's, SAT's, SAT II's, ACT PSSA Scores, etc.	_____	_____
Category "B" Data:		
a. Scores on Std. Intell. Tests	_____	_____
b. Scores on Std. Aptitude Tests	_____	_____
c. Health Records	_____	_____
Other information:		
a. Teacher Recommendations	_____	_____
b. Counselor Reports/Recommendations	_____	_____
c. IEP's	_____	_____
d. Other	_____	_____

This form must be completed only one time.

Signature of Parent Date

Signature of Student Date

You must submit your college application or any scholarships for which you are applying, along with all supporting material (including transcript release form) to the guidance office **AT LEAST TEN (10) SCHOOL DAYS** prior to the application deadline in order for us to guarantee meeting that date.