

Sharon City School District  
CASE ELEMENTARY SCHOOL

36 Case Avenue  
Sharon, PA 16146  
724-983-4015  
724-983-1005 fax

CONSENT TO OBTAIN/RELEASE CONFIDENTIAL  
EDUCATIONAL/MEDICAL/MENTAL HEALTH INFORMATION

Check one:  Obtain  Release  Obtain/Release

*Please type or print legibly*

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Student SSN: \_\_\_\_\_

District Live: \_\_\_\_\_ District Attend: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Method of Release:  Verbal  Written  Verbal & Written

I hereby authorize Sharon City School District/Case Avenue Elementary to obtain and/or release information on my child from or to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The information is to be shared for the purpose of facilitating the student's educational program. The information to be released and/or obtained is:

- |   |   |
|---|---|
| <input type="checkbox"/> Drug & Alcohol Treatment | <input type="checkbox"/> Medication Management                  |
| <input type="checkbox"/> Education Record         | <input type="checkbox"/> Psychiatric Evaluation                 |
| <input type="checkbox"/> Intake/Discharge Summary | <input type="checkbox"/> Psychological Evaluation               |
| <input type="checkbox"/> Medical Evaluation       | <input type="checkbox"/> Individualized Education Program (IEP) |
| <input type="checkbox"/> Discipline Records       | <input type="checkbox"/> Psychosocial History                   |

Other \_\_\_\_\_

This consent will begin the date of this authorization and will expire one year later, unless revoked by me in writing. I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release. All information released or obtained will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Student Date  
*(must be 14 years or older for Mental Health records,  
18 years or older for Educational Records)*

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Parent/Guardian Date

Federal regulations prohibit making any further disclosure of any information without the specific written consent of the person to whom they pertain, or as otherwise permitted by such regulations.