

WESTERN BEAVER COUNTY SCHOOL DISTRICT  
343 RIDGEMONT DRIVE  
MIDLAND, PENNSYLVANIA 15059

RELEASE OF RECORDS AND INFORMATION

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Western Beaver County School District to  
(Parent/Guardian)

obtain from/release to, and communicate with \_\_\_\_\_

regarding information from the above student's records, including:

\_\_\_ Psychological evaluation      \_\_\_ School reports, academic data, standardized testing  
results, and behavioral information

\_\_\_ Medical history evaluation

\_\_\_ Verbal communication      \_\_\_ Other: \_\_\_\_\_

\_\_\_ IEP, GIEP, ER, RR, NOREP, NORA, and/or other special education paperwork

I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and  
fully understand the nature of this release

I, the undersigned, have been informed of my right to inspect the material to be released in  
conformance to the laws governing the standards for student records as set by the Bureau of Basic  
Education Support Services of the Pennsylvania Department of Education.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date of Authorization

This information is from records whose confidentiality is protected by Federal Law. Federal regulations prohibit  
making any further disclosure of it without the specific written consent of the person to whom it pertains, or as  
otherwise permitted by such regulations.