

UPPER MERION AREA SCHOOL DISTRICT

STUDENT SERVICES DEPARTMENT

450 Keebler Road, King of Prussia, PA 19406



PARENTAL AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION FROM OR TO UPPER MERION AREA SCHOOL DISTRICT

Student's Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Upper Merion Area High School
435 Crossfield Road
King of Prussia, PA 19406
610-205-3821
610-205-3886 (fax) | <input type="checkbox"/> Upper Merion Area Middle School
450 Keebler Road
King of Prussia, PA 19406
610-205-8833
610-205-8856 (fax) | <input type="checkbox"/> Bridgeport Elementary School
900 Bush Street
Bridgeport, PA 19405
610-205-3600
610-205-3649 (fax) | |
| <input type="checkbox"/> Caley Elementary School
725 Caley Road
King of Prussia, PA 19406
610-205-3650
610-205-3699 (fax) | <input type="checkbox"/> Candlebrook Elementary School
310 Prince Frederick Street
King of Prussia, PA 19406
610-205-3700
610-205-3749 (fax) | <input type="checkbox"/> Gulph Elementary School
650 S Henderson Road
King of Prussia, PA 19406
610-592-2020
610-205-2099 (fax) | <input type="checkbox"/> Roberts Elementary School
889 Croton Road
Wayne, PA 19087
610-205-3750
610-205-3799 (fax) |

This will authorize the Upper Merion Area School District to release or obtain confidential records and/or information from/to the following school or agency:

School or Agency Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

The specific information to be released is:

ALL RECORDS

- ____ Teacher / School Reports / Grades to Date/Transcript
- ____ Discipline/Attendance Records
- ____ Signed Permission to Evaluate
- ____ Additional Testing/Evaluations/Assessments
- ____ Sign GIEP Invite/GIEP
- ____ Signed NOREP

- ____ Medical / Immunization Records
- ____ State Test Results
- ____ Evaluation/Re-Evaluation
- ____ Signed IEP Invite/IEP
- ____ Signed NORA
- ____ Other _____

Student Withdrawal Date from UMASD _____ (mm/dd/yyyy) (if applicable)

Witness Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____