



Bristol Township School District

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Student	_____	DOB	_____
Address	_____	School	_____
	_____	Grade	_____

I (we) the undersigned, parent(s)/legal guardian(s) of above student hereby authorize:

Bristol Township School District
 5 Blue Lake Road
 Levittown, PA 19057

to release copies of records to, or obtain records from, and communicate with:

to assist in educational planning, the specific items requested are:

School reports, academic and discipline records, transcripts, standardized test scores, instructional support intervention and attendance records

Complete Special Education Records: Evaluation Reports, Re-evaluation Reports, Specialists Reports, Individualized Education Plan, Notice of Recommended Educational Placement, Functional Behavioral Assessments

Psychological, Psychiatric and social worker reports, outside agency reports (wrap-around services, Therapeutic support Staff, etc

Medical records, Health Reports

This consent will begin the date of this authorization and will expire one year later, on _____ unless revoked by me in the interim. I (we), the undersigned, hereby acknowledge that I (we) have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled confidentially, and in compliance with federal and state regulations.

Date

Parent Signature

Parent Signature