

**PENN MANOR SCHOOL DISTRICT
P. O. BOX 1001
MILLERSVILLE, PA 17551
(717) 872-9500
(717) 872-9505 - Fax**

PERMISSION FOR EXCHANGE OF INFORMATION

Check appropriate line (s):

_____ Consent for the Penn Manor School District to release information.
_____ Consent for the Penn Manor School District to receive information.

In regard to: Name: _____ DOB: _____
School: _____

I give PMSD consent to release or receive information in the categories checked below:

- | | |
|---|--|
| _____ Psychological Reports | _____ Psychiatric Reports |
| _____ Family "Case Histories" (Background
Medical History, Interpersonal
Relationships) | _____ Physician Reports |
| _____ Counselor or Teacher (reports,
observations, anecdotal records) | _____ Copies of CERs, IEPs |
| _____ Hospital or Clinic (Medical History,
Medical Records, Clinical Reports, | _____ Neuro-developmental Clinic |
| _____ IU 13 Instructional Personnel Reports
(Teacher, Clinician, Physical Therapist, etc.) | _____ Vocational Evaluations |
| | _____ Attendance at school-related
meetings |
| | _____ Other: |

Agencies, persons, or institutions authorized to release/receive information:

_____	_____	_____
Contact Person	Address	Phone

_____	_____	_____
Contact Person	Address	Phone

_____	_____	_____
Contact Person	Address	Phone

_____	_____	_____
Penn Manor Contact Person	Address	Phone

The information is to be exchanged with the understanding that appropriate confidentiality will be maintained. Photostatic copies of this authorization shall be considered valid.

Parent, Guardian, Student or Surrogate Parent's Signature **Date**