

610-359-4260 FAX 610-723-3341 Authorization for Release of Records

This is an authorization to release to Marple Newtown School District the information indicated below regarding:

(Print Name of Student)	(Date of Birth)	(Parent/Guardian Name)
PA Secure ID Number		
Educational records including Standardize	ed Test Scores and Official Trans	cript
Copy of Birth Certificate		
Special Education Records including IEP'	s and Evaluation Reports	
Attendance and Discipline Records		
Medical Records including diagnosis, med	dical history and immunizations	
Psychiatric/Psychological/Biopsychosocia	al consultations/assessments	
Treatment Plans and Discharge Summarie	es	
Continuing Care Plan(s)		
Legal Services		
Custody Documents		
Other Documents		
The above named Student(s) has registered at educational programming and services by Ma		t. These records are needed to determine the approp

(Signature of Parent/Legal Guardian)

(Signature of Marple Newtown Registrar)

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PLEASE SEND RECORDS TO:

Marple Newtown Administration Building 26 Media Line Road Newtown Square, PA 19073 <u>Marple Newtown High School</u> 120 Media Line Road Newtown Square, PA 19073

Culbertson Elementary School 3530 Goshen Road Newtown Square, PA 19073 Revised January 2016 Loomis Elementary School 369 N. Central Blvd. Broomall, PA 19008 **Russell Elementary School** 2201 Sproul Road Broomall, PA 19008 **Paxon Hollow Middle School** 815 Paxon Hollow Road Broomall, PA 19008

> Worrall Elementary School 2979 Pennview Avenue Broomall, PA 19008

(Date)

(Date)