

PARENTAL PERMISSION FOR RELEASE OF STUDENT RECORDS

I hereby give my permission for the release of:

Health and Dental Records
Transcript of Records
Psychological Reports
Psychiatric Reports

of my son/daughter _____ Grade _____

From: _____

Date of Birth: _____

This form can be used for multiple schools, please make sure you send it to the correct address for your child:

Manor Middle School
2950 Charlestown Road
Lancaster, PA 17603-9758
(717) 872-9510
Fax (717) 872-8990

Marticville Middle School
356 Frogtown Road
Pequea, PA 17565
(717) 284-4135
Fax (717) 284-5954

Penn Manor High School
PO Box 1001
Millersville, PA 17551-0301
(717) 872-9520
Fax (717) 872-0934

ATTENTION: Student Records

Signature: _____
Parent or Guardian

Date: _____