



WALLINGFORD-SWARTHMORE SCHOOL DISTRICT REGISTRATION

200 S PROVIDENCE RD, WALLINGFORD, PA 19086-6334 610-892-3470 X 1506

AUTHORIZATION TO RELEASE INFORMATION

A parent or legal guardian must sign a release form before the District can send the records to another institution, employer, or non-school personnel. If a student is eighteen (18) years of age or older, student may sign a release form. Please read this form and sign your name if you wish your child's records released.

I request records for:

Student Name _____ Student Date of Birth _____

to be sent from:

Name _____

Address _____

and released to:

Strath Haven High School
205 South Providence Rd
Wallingford, PA 19086
Ph: 610-892-3470 x 2105
Fx: 610-892-3494

Strath Haven Middle School
200 South Providence Rd
Wallingford, PA 19086
Ph: 610-892-3470 x 3105
Fx: 610-892-3492

Swarthmore Rutledge School
100 College Ave
Swarthmore, PA 19081
Ph: 610-892-3470 x 4505
Fx: 610-338-0609

Nether Providence Elementary
410 Moore Rd
Wallingford, PA 19086
Ph: 610-892-3470 x 4305
Fx: 610-874-3561

Wallingford Elementary School
20 South Providence Rd
Wallingford, PA 19086
Ph: 610-892-3470 x 4305
Fx: 610-891-0486

WSSD Student Services Dept.
200 South Providence Rd
Wallingford, PA 19086
Ph: 610-892-3470 x 1505
Fx: 610-892-3498

These records are to be used for: Academic Placement

Please forward the following records:

Official School Records
(name, address, date of birth, etc., report cards, transcripts, standardized test scores, attendance)

Medical Records

Psychological & Psychiatric Evaluations

Disciplinary Records

Special Education Records

Telephone Consultation

Discharge Summary

Other _____

I certify that I am the eligible student, or the parent, legal guardian, or appointed educational surrogate of the student named above. I hereby give permission for the release of information as requested. I am aware of my legal rights regarding the release of personally identifiable information, including my right to withdraw permission and to get copies of the information upon written request. I understand that this permission is valid only for the purpose stated above and for a period of one year from date of signed release.

Signature of Parent/Guardian _____ Date _____

Signature of Student if age 18 or over _____ Date _____

Form sent to _____ By _____ Date _____

Student First Name _____
Student Last Name _____