

Fort Cherry School District

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF PROFESSIONAL INFORMATION

This form authorizes Fort Cherry School District to obtain professional information listed below for the purpose of educational planning.

The information will be governed by the laws of confidentiality in the State of Pennsylvania.

Service Provider	Name	
Service		AX No
Student Information	Name	irst Middle
Purpose	□ Educational Planning □ Other	
Information to Release	□ Psychiatric Reports/Summary□ Discharge Summary/Recommendations	 □ Psychological Evaluation □ Social Developmental History □ Education Report(s) (i.e. ER, IEP, TP) □ Other ds indicated above will be released through this
Witn	nt/Guardian Signature less FIDENTIAL INFORMATION SHOULD BE MAILED TO nit to: FORT CHERRY HIGH SCHOOL (7-12) 110 Fort Cherry Road, McDonald, PA 15057 Dr. Trisha Craig, Principal Phone 724.796.1551 x2330 Fax: 724.356.2769	Date Date THE ATTENTION OF LEA: FORT CHERRY ELEMENTARY CENTER (K-6) 110 Fort Cherry Road, McDonald, PA 15057 Mr. Dan Mayer, Principal Phone: 724.796.1551 x2002 Fax: 724.3562770