

RIDGWAY AREA SCHOOL DISTRICT
62 SCHOOL DRIVE
RIDGWAY, PA 15853

☐ FSG Elementary Office
PH: 814-776-2176
FAX: 814-776-4297

☐ Middle/High Office
PH: 814-773-3164
FAX: 814-776-4247

☐ Office of Student Services
PH: 814-776-4255
FAX: 814-776-4298

WRITTEN AUTHORIZATION TO DISCLOSE STUDENT EDUCATION RECORDS
TO A DESIGNATED 3RD PARTY AS REQUESTED BY A PARENT/ GUARDIAN

Date: _____

Student Name: _____

Date of Birth: _____

Parents Name: _____

I authorize the Ridgway Area School District (hereinafter "District") to use and/or disclose my personally identifiable information from my education records only as stated below.

1. This Authorization covers the following categories or types of education records (if all, state "All"):

- ☐ Progress Notes (May include PHI*)
- ☐ Academic Records
- ☐ Attendance
- ☐ Discipline
- ☐ Homework Club and/or Campus Center
- ☐ *PHI - Protected Health Information
- ☐ Other:

2. I authorize the District to disclose these education records to the following person(s) or entity

Name: _____

Address: _____

City/State/Zip Code _____

3. The purpose of this disclosure is: _____

4. This Authorization expires on: _____

5. I ___am or ___ am not requesting a copy of the education records disclosed.

6. I understand that information used or disclosed under this Authorization could potentially be re-disclosed by the person receiving the information, and may no longer be subject to the privacy protections provided to me by law.

Date: _____

Signature: _____

Print Full Name: _____

If you are the legal representative of the student listed above, please check off the basis for your authority:

- ☐ Power of Attorney (attach copy)
- ☐ Guardianship Order (attach copy)
- ☐ Parent of Minor Student
- ☐ Other: _____

I/we understand the following:

- ★ Photocopies of this authorization shall be considered valid.
- ★ This written authorization shall expire at the conclusion of the current school year if not otherwise indicated above.
- ★ This written authorization may be revoked at any time by notifying, in writing, the building principal of the school in which the child is enrolled.
- ★ I/We are entitled to a copy of this Written Authorization form.

Note: In cases where parents/guardians are divorced or separated, shall notify the other parent/guardian of the existence of this release. Both biological parents/legal guardians have the right to consent to a release of his/her child's education records, unless the District has been provided with documentation proving otherwise.

Signature of Parent/Guardian

Date of Signature

Signature of Parent/Guardian

Date of Signature

Thank you for your assistance and timely attention to this request. Please send records to the attention of _____ to the office specified above.