DAUPHIN COUNTY TECHNICAL SCHOOL
6001 LOCUST LANE
HARRISBURG, PA 17109
Phone ☎ 717-652-3170 **Fax** 🖷 717-541-9639

REQUEST FOR PERMISSION TO RELEASE OR RECEIVE CONFIDENTIAL RECORDS TO OR FROM A THIRD PARTY

Student Name:_____ Date of Birth:_____

Grade:_____ School:_____

Through the signature below, Dauphin County Technical School is authorized to **RELEASE** or **RECEIVE** confidential records for my child. This release will remain in effect for **ONE YEAR** from the date of signing.

Records shall be released to or received by the following third party:

_____

Please provide information below regarding the third party:

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Please check the boxes next to records that you wish to release:

- ☐ School Records, Grades
- ☐ Transcripts
- ☐ Psychological/Counselor Reports
- ☐ Psychiatric, Teacher and/ or Counselor Observations
- ☐ Standardized Test Scores
- ☐ Team Report(s)
- ☐ NORA/NOREP/ IEPs/504 Plans/GIEPs
- ☐ Health Records
- ☐ Other _____

Signature of Parent _____ Date: _____
(if student is under 18)

Signature of Student _____ Date: _____
(if student is 18 or over)