

**HARRISVILLE CENTRAL SCHOOL DISTRICT**  
Authorization For Release of Information

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**\*\* NOTE:** Student has enrolled with HCS on \_\_\_\_\_

**Please record an exit date prior to this date.**

From: Harrisville Central School District  
14371 Pirate Lane, Harrisville NY 13648  
Phone: Elementary School (PreK-6): (315) 543-2707  
Middle & High School (7-12): (315) 543-2920  
Fax: Elem., Middle & High Schools: (315) 543-2360  
Guidance Office Fax: (315) 543-1218 (7-12 students)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Permission is hereby given to HARRISVILLE CENTRAL SCHOOL DISTRICT to release information to you and/or receive the following information from you regarding the above-named student:

- Transcript (Permanent Record Information)
- Standardized Test Data (Achievement, Aptitude, & College Entrance Exams)
- Current Grades & Grade Conversion Scale
- Health Records
- Special Education Records
- Psychological Reports/Social Work Reports
- Other \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian  
(valid for one calendar year from date signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (when required)

\_\_\_\_\_  
Date