

**Keystone Education Center
Charter School
425 South Good Hope Road
Greenville, Pennsylvania 16125**

Phone 724-588-2511

Fax 724-588-2545

**CONSENT TO OBTAIN/RELEASE CONFIDENTIAL
EDUCATIONAL/MEDICAL/MENTAL HEALTH INFORMATION**

Check One: Obtain Release Obtain/Release
Student Name: _____ Date of Birth: _____
Home School District: _____ District Attending: Keystone Charter School
Parent Name: _____
Parent Address: _____

Student's Social Security Number: _____ / _____ / _____

Method of Release (must check one): Verbal Only Written Only Verbal and Written

I hereby authorize Keystone Education Center Charter School to obtain and/or release information on my child from or to:
Name: _____
Address: _____
Phone: _____

The information is to be shared for the purpose of facilitating the student's educational program. The information to be released and/or obtained is:

- | | | |
|---|--|--|
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Medical Records/Immunizations | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Educational Records | <input type="checkbox"/> Evaluation Report |
| <input type="checkbox"/> Psychosocial History | <input type="checkbox"/> Intake/Discharge Summary | <input type="checkbox"/> Permission to |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Drug and Alcohol Treatment | Re-Evaluate |
| <input type="checkbox"/> Other _____ | | |

This consent will begin the date of this authorization and will expire one year later on _____ unless revoked by me in writing. I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release. All information released or obtained will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

Witness/Date

Student/Date (14 years or older for Mental Health Records) (18 years or older for Educational Records)

Return to:
Name: Timothy C. Woge, Guidance Counselor
Address: Keystone Charter School
425 South Good Hope Road, Greenville, PA 16125
Phone: 724-588-2511

Parent or Guardian/Date

Federal regulations prohibit making any further disclosure of any information without the specific written consent of the person to whom they pertain, or as otherwise permitted by such regulations.