



Philadelphia City Rowing
450 Plymouth Road
Plymouth Meeting, Pa 19462

Authorization for Exchange of Information

I authorize Philadelphia City Rowing and _____ to release/exchange
School/Institution Name
information and share communication in verbal, written, and/or electronic form regarding:

_____, _____
Student's Name Student's Date of Birth

This information is to be used in the planning of an appropriate educational program for the student. The confidentiality of the information received will be protected by the State and Federal guidelines regarding the collection, maintenance, and dissemination of student records (Family Education Rights and Privacy Act of 1974).

Information for release includes the following: (Please Check)

- | | |
|---|---|
| <input type="checkbox"/> Grade Report Card | <input type="checkbox"/> Psychiatric Evaluations |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Special Education Data (ER, IEP) |
| <input type="checkbox"/> Health/Immunization Records | <input type="checkbox"/> Gifted Education Data (if separate from special education) |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Transcripts/Credit Data | _____ |
| <input type="checkbox"/> Discipline Records | |
| <input type="checkbox"/> Psychological / Psychoeducational / Neuropsychological Evaluations | |

Parent/Legal Guardian Name (Printed)

Parent/Legal Guardian Signature Date

Student Name (Printed)

Student Signature (if applicable) Date