Salem High School
400 Spartan Drive
Salem, VA 24153
(p) 540-387-2437 (f) 540-387-2439

AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORD INFORMATION

Student Last Name First Middle Date of Birth

Street Address Social Security Number

City State Zip Telephone Number

Last School Attended Date Withdrew (if applicable)

Salem City Schools are hereby authorized to release/exchange the following specified information with:

Name of School/Service

Address City/State/Zip Telephone/FAX Number

Information/school records

- ❑ Official Scholastic Record (name, address, birth date, grade level completed, grades, class standing, attendance record, standardized achievement test scores, school and community activities, work experience)
- ❑ Family Background Data (name and address of parents)
- ❑ Health/Medical Records, Physical Fitness Data, Certificate of Immunization
- ❑ Intelligence, Aptitude, Interest Test Scores
- ❑ Social History (if applicable)
- ❑ Legal, Psychological, and Medical Records/Reports (if applicable)
- ❑ State Required Reports of Evaluations and Other Pertinent Reports and Program for Exceptional students (Gifted, Handicapped, IEP)
- ❑ Discipline Records
- ❑ Other:_____

The reason for this disclosure is _____

I understand that I have the right to request a hearing to challenge the content and accuracy of my child's/my record. I understand I may revoke this authorization at any time by notifying the City of Salem Schools, *in writing*, except to the extent that action has already been taken. If not previously revoked, this consent will expire one year from date of signature.

Date **Parent's/Guardian's/Eligible Student's Signature**

Parent/Guardian/Eligible Student request a copy of this signed Authorization from. (Effective July 1, 2003)

Return information to:
Salem High School
Attn: Tammy Chitwood
400 Spartan Drive
Salem, VA 24153
Fax (540) 387-2439

School Use Only:

_____Date Sent

_____ Mail

_____ Fax