

**West Branch Area School District**  
**516 Allport Cutoff**  
**Morrisdale, PA 16858**

Allison Koleno

Principal of Special Student Programs

814.345.5627 (Ext. 3850)

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**Release of Information**

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

I hereby authorize the exchange of the following information:

\_\_\_ Educational Information

\_\_\_ Behavior Information

\_\_\_ Psychological Information

\_\_\_ Psychiatric Information

\_\_\_ Other: \_\_\_\_\_

between West Branch Area School District and \_\_\_\_\_  
(Name of Agency)

for the following student: \_\_\_\_\_  
(Name of Student) (Date of Birth)

\_\_\_\_\_  
(Signature of parent/guardian)

Forward all information at the above address to:

\_\_\_ Elementary Office

\_\_\_ High School Office

  x   Special Education Department (fax # 345-5220)

\_\_\_ Elementary Guidance Office

\_\_\_ High School Guidance Office