

**BLaST, Intermediate Unit #17**

**2400 Reach Road  
P.O.Box 3609  
Williamsport, PA 17701  
570-323-8561**

**P.O.Box 3364  
Canton, PA 17724  
570-673-6001**

**RELEASE OF INFORMATION**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

The undersigned parent(s) or guardian(s) of \_\_\_\_\_ hereby  
Authorizes BLaST Intermediate Unit #17 to release such information contained in the  
files of Intermediate Unit #17 concerning said child as the Intermediate Unit #17 deems  
reasonably necessary and appropriate to the following:

\_\_\_\_\_ School District \_\_\_\_\_

\_\_\_\_\_ Physician \_\_\_\_\_

\_\_\_\_\_ Social Agency \_\_\_\_\_

\_\_\_\_\_ Therapist \_\_\_\_\_

\_\_\_\_\_ Other Intermediate Unit \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Parent \_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date