

BUTLER AREA SCHOOL DISTRICT
167 NEW CASTLE ROAD
BUTLER, PA 16001

Date: August 1, 2009

To: Principal, _____, and Athletic Director
(Name of School)

From: _____, (parent(s))

Subject: Release of information in accordance with the Butler School District's Board Policy on the collection, maintenance and disclosure of information from education records.

Please release the following information about my son/daughter _____

Grade (2009-2010)_____, to Butler Area Hockey Association, P. O. Box 511, East Butler, 16029

1. That my son/daughter, _____ is enrolled as a full-time student at _____ School as of September, 2009 (upcoming year.)

2. That my son/daughter, _____

DOES or DOES NOT meet the eligibility criteria as established by the PIAA for participation in athletic activities.

This information should be given to: Butler Area Hockey Association, P. O. Box 511, East Butler, PA 16029, upon its request for information.

3. I/WE certify that I/We am/are the parent(s) or legal guardian(s) of said child and that this authorization shall remain in effect unless revoked or canceled, which revocation must be in writing and delivered to the principal.

(Signature of Parent/Guardian) Date: _____

(Signature of Parent/Guardian) Date: _____