

**Office of Student Services (“OSS”)
Ridgway Area School District
P.O. Box 447
Ridgway, PA 15853
(814) 776-4255
Privacy Official: Assistant to the Superintendent for Special Education Services**

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Office of Student Services (“OSS”) of the Ridgway Area School District.

Print Name of Student: _____
Signature of Parent: _____
Date: _____
Student’s Date of Birth: _____

For Personal Representative of the Student (if applicable)

Print Name of Personal Representative: _____
Describe Personal Representative Relationship (e.g., guardian, etc): _____
Signature of Personal Representative: _____
Date: _____

For Use by OSS Only:

Signature of OSS Representative

Date Received or Date of Final Documentation