

Administrative Offices
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USC Upper St. Clair School District

• Upper St. Clair High School • Fort Couch Middle School • Boyce Middle School • Baker Elementary School • Eisenhower Elementary School • Streams Elementary School •

EXHIBIT B

Coach's Name: _____

Date of Birth: _____

Coach's Social Security Number: _____

I hereby authorize the Upper St. Clair School District to release my name and the results of all volunteer clearances to the Upper St. Clair Athletic Association upon Upper St. Clair School District's receipt of my volunteer clearances. Such release will be provided only if the results of all of the required documentation has been received by the Upper St. Clair School District.

I understand that my authorization will remain effective from the date of my signature below, unless subsequently revoked by me in writing.

Coach's Signature

Date