

Northgate School District  
**Confidential Information Release Form**



Student Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

I grant permission to the personnel at \_\_\_\_\_  
to send all special education records including:

- Speech and Language Evaluations, IEPs
- Psychological Evaluations
- Psychiatric Evaluations
- Evaluation/Re-Evaluation Report (ER/RR)
- Individual Education Plan (IEP)
- Notice of Recommended Educational Placement (NOREP)
- Gifted Written Report (GWR)
- Gifted Individual Education Plan (GIEP)
- Notice of Recommended Educational Assignment (NORA)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send all requested records to:

**Christie Brimmeier**  
**Special Programs Secretary**  
**Northgate School District**  
**591 Union Avenue**  
**Pittsburgh, PA 15202**

**Phone: 412-732-3300 Ext. 2000**  
**Fax: 412-734-8069**

*Parent permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 14763).*