

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:

Sarah Outly
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).