

Pleasant Valley School District

2233 Route 115, Suite 100
Brodheadsville PA 18322
PH: 570-402-1000 Ext. 1311
FAX: 570-992-1902



CONSENT FOR RELEASE OF EDUCATIONAL RECORDS

I hereby give consent to:

Previous School _____
School Address _____

to release the educational records for _____
to the Pleasant Valley School District. (Child's Name)

For Grades 9-12

Please forward the following records to:

Pleasant Valley High School

1671 Route 209
Brodheadsville, PA 18322
Phone – 570-402-1000 EXT. 4011
Fax – 570-992-0839
ATTN - Guidance

For Grades 6-8

Please forward the following records to:

Pleasant Valley Middle School

2233 Route 115
Brodheadsville, PA 18322
Phone – 570-402-1000 EXT. 2011
Fax – 570-992-0839
ATTN - Guidance

For Grades 3-5

Please forward the following records to:

Pleasant Valley Intermediate School

477 Polk Township Rd
Kunkletown, PA 18058
Phone – 570-402-1000 EXT. 3011
Fax – 610-681-8666
ATTN - Guidance

For Grades K-2

Please forward the following records to:

Pleasant Valley Elementary School

476 Polk Township Rd
Kunkletown, PA 18058
Phone – 570-402-1000 EXT. 6011
Fax – 670-681-3018
ATTN - Guidance

I give consent to send the following records: (please initial by each)

Scholastic Records: _____ Attendance Records: _____

Test Records: _____ Health Records: _____

Discipline Records: _____ Other: _____

Psychological Records ER and IEP
(If applicable) _____ Chapter 15 (504): _____

Parent/Guardian Signature: _____

Date: _____