

# Great Valley School District

301 Lindenwood Drive Suite 210  
Malvern, PA 19355  
610-889-2125  
www.gvvsd.org



## PERMISSION TO RELEASE/OBTAIN INFORMATION

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby give permission to Great Valley School District to release/obtain information for my child. This information will be released to or obtained from:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose:     Educational Planning  
               Parent Request: \_\_\_\_\_  
               Other: \_\_\_\_\_

The following information will be released/obtained:

- Special Education documents (IEP, ER, Gifted Records, etc)
- Official Administrative Records (attendance, report cards, discipline, standardized assessment, etc)
- Health/Medical Records (Immunizations, Individual Health Plans, etc.)
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if over 14 years of age for mental health only)

\_\_\_\_\_  
Date