Dansville CENTRAL SCHOOLS DANSVILLE, NY

Date_____

I, _____hereby give my permission to the

Dansville Central School District to: _____obtain from _____ release to (check one or both)

_____

(name and address of institution)

those school records checked (X) below as they relate to:

_____, _____

(Name of Student) (Date of Birth)

____Academic Information

____Health Records

____Attendance Records

____Psychological Records

____CSE Recommendations

____Other: Any other pertinent information

Signed:_____ Relationship to student_____

Address:_____

_____ Telephone number_____

Person processing release:_____

Title:_____

Lisa Johnson
Elementary School Principal

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