



Dansville

CENTRAL SCHOOLS

DANSVILLE, NY

Consent to Exchange Information

I, _____, hereby give my permission to Dansville
(Parent/Guardian Name)

Central School to district to obtain from and/or release those school records as they
relate to: _____

(Student Name)

(DOB)

Stony Brook Pediatrics

(Name and Address of Institution)

(Phone)

____ Academic Information

____ Health Records

____ Attendance Records

____ Psychological Records

____ CPSE/CSE Records (i.e. IEP, evaluations, etc.)

____ Other (any other pertinent information)

____ Psychiatric Records/ Mental Health Evaluations (any other pertinent info)

(Parent/Guardian Signature)

(Date)

(Address)

(Phone)

Email Address

Megan Alger, CPSE Chairperson/ Psychologist
CPSE/CSE K-2 Chairperson
Dansville Primary School, 284 Main Street
Dansville, NY 14437

Phone 585- 335-4040 fax 585-335-8181

Denise F. Dunham- Director of Special Programs
CPSE/CSE Chairperson K-12
Dansville District Office, 337 Main Street
Dansville, NY 14437

Phone 585-335-4000 fax 585-335-5047



DANSVILLE, NY

Megan Alger, CPSE Chairperson/ Psychologist
CPSE/CSE K-2 Chairperson
Dansville Primary School, 284 Main Street
Dansville, NY 14437

Phone 585- 335-4040 fax 585-335-8181

Denise F. Dunham- Director of Special Programs
CPSE/CSE Chairperson K-12
Dansville District Office, 337 Main Street
Dansville, NY 14437

Phone 585-335-4000 fax 585-335-5047