

Great Valley School District

100 Lindenwood Drive
Malvern, PA 19355
610-889-2125
www.gvsd.org



PERMISSION TO RELEASE/OBTAIN INFORMATION

Student: _____ **DOB:** _____

School: _____ **Current Grade:** _____

I hereby give permission to Great Valley School District to release/obtain the information indicated below. This information will be released to / obtained from:

Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

The following information will be released/obtained:

- ___ Official School Records (attendance, report cards etc.)
- ___ Standardized Test scores (i.e. standardized assessment, state assessments)
- ___ Special Education documents (i.e. IEP, Evaluation Reports)
- ___ Gifted evaluation/GIEP
- ___ 504 documents
- ___ Health/Medical Records (Immunizations, Individual Health Plans, etc.)
- ___ Verbal communication with staff
- ___ Other: _____

Parent Signature

Date*

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

Date*

*This consent will expire one year from this date unless revoked earlier in writing.