



REQUEST AND CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Please submit your request to Rocio Vallejo, Special Education Records
and Data Clerk:

IN PERSON: 2602 South Belt Line Rd., Grand Prairie, TX 75052
FAX: 972-237-4033 PHONE: 972-237-5491

Date of Request: _____

Student Name/ID #: _____

DOB: _____

Current GPISD School: _____

Last GPISD School Attended: _____

PRINTED NAME OF REQUESTOR and/or INSTITUTION and PHONE NUMBER

- Records submitted to another organization or institution will be submitted via TRES, eSped, or U.S. Mail.
- Non-School requests require verification of parental rights/guardianship, an individual signature, and drivers license or State identification

INDIVIDUAL SIGNATURE

Address for records to be sent: _____

Notice of Confidentiality: This form contains confidential information, which is legally privileged. The information is intended only for the use of the individual or entity listed above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, use, or taking of any action on reliance of the contents of this confidential information is strictly prohibited and may violate GPISD Board policy and the Family Education Rights and Privacy Act (FERPA). If you have received this in error, please notify us by telephone immediately to arrange for return and correction of internal records.