



Conestoga Valley School District
 Conestoga Valley High School
 2110 Horseshoe Road
 Lancaster, PA 17601
 (717) 397-5231
 FAX (717) 397-8841

PARENT/GUARDIAN CONSENT FOR RELEASE OF INFORMATION

I give consent for the Conestoga Valley School District to:

_____ **RELEASE** information

_____ **RECEIVE** information

In regard to: Student Name: _____ DOB: _____

I give Conestoga Valley School District consent to release or receive information in the categories checked:

_____ Psychological, Neuropsychological and/or Psychiatric Reports Including DSM Diagnosis

_____ Probation or Police Reports

_____ Counselor/Teacher Reports, Observations and Rating Scales

_____ Medical Records (Family History, Diagnosis, Medication, Medical Report)

_____ Behavioral Health Reports (Clinical Records, Treatment Plan, Discharge Summary)

_____ Attendance and Discipline Reports

_____ Transcripts, Grades, Report Cards, Progress Notes

_____ Evaluation Reports, 504 Plans and IEPs

_____ Verbal and Written Communication

_____ Other: _____

Agency, person, or institution authorized to receive/release information regarding the above student:

Identifying Name: _____

Specific Contact Person (If Known): _____

Address: _____

Phone/Fax: _____

The information to be exchanged will be used for purposes of educational planning for the student unless otherwise noted: _____ . Please forward all requested records and information to the attention of: _____ at the address listed on the top of this page.

 Parent, Guardian, Student or Surrogate Parent's Signature

 Address

 Phone

 City, State, and Zip Code

 Date (this permission expires 1 year from this date)