



Conestoga Valley School District
 2110 Horseshoe Road
 Lancaster, PA 17601
 (717) 397-2421
 FAX (717) 397-0442

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 Printed Name

 Parent, Guardian, Student or Surrogate Signature

 Address

 Phone

 City, State, and Zip Code

 Date (this permission expires 1 year from this date)