

## CONFIDENTIAL INFORMATION RELEASE / EXCHANGE FORM

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I hereby authorize the Pleasant Valley School District to exchange confidential information regarding my child with the following:**

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I understand that this communication may be either written or verbal and that the purpose of this request is to assist in planning an appropriate educational program for my child. I also understand that no other party other than authorized school personnel shall have access to this information without my consent. This release valid for the \_\_\_\_\_ school year.

If you have any questions about this release please contact:

\_\_\_\_\_  
Staff Member Phone Email

\_\_\_\_\_  
Parent Signature Date

*This release is valid for one school year. A copy is to be made and kept by the staff member exchanging information and the original sent to the Student Services Department.*

