Great Valley School District

47 Church Road
Malvern, PA 19355
610-889-2125
www.gvsd.org

PERMISSION TO RELEASE/OBTAIN INFORMATION

Student:_____ DOB: _____

I hereby give permission to Great Valley School District to release/obtain information for my child. This information will be released to or obtained from:

Name: _____

Address: _____

Phone: _____

FAX: _____

Purpose:

- _ Educational Planning
- _ Parent Request: _____
- _ Other: _____

The following information will be released/obtained:

- _ Special Education documents (IEP, ER, Gifted Records, etc)
- _ Official Administrative Records (attendance, report cards, discipline, standardized assessment, etc)
- _ Health/Medical Records (Immunizations, Individual Health Plans, etc.)
- _ Other: _____

_____ _____

Parent Signature Date