

# Consent To Exchange Information

Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby give my permission to the

Dansville Central School District to: \_\_\_\_\_ obtain from \_\_\_\_\_ release to (check one or both)

\_\_\_\_\_  
(Name and address of institution)

\_\_\_\_\_  
(Phone)

Those school records checked (X) below as they relate to:

\_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_ Academic Information

\_\_\_\_ Health Records

\_\_\_\_ Attendance Records

\_\_\_\_ Psychological Records

\_\_\_\_ CSE/CPSE Records  
(IE: IEP, Any Evaluations)

\_\_\_\_ Other: Any other pertinent information

\_\_\_\_\_  
Signed Guardian Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Person processing release

\_\_\_\_\_  
Title