Pearl River School District
135 West Crooked Hill Road
Pearl River, New York 10965-2730

www.pearlriver.org
Phone: 845-620-3938 – Fax: 845-620-0404
simonij@pearlriver.org

Joseph Simoni
Director of Special Services

RELEASE OF CONFIDENTIAL INFORMATION

Date: _____

I give permission for: _____ From:_____
(Therapist/Doctor) (Agency)

To exchange confidential information regarding _____
(Student Name)

With the Pearl River School District and the Office of Special Services.

I understand that confidential information may include Academic records, Psychological, Psychiatric, Educational, Speech, Occupational therapy, Physical therapy, Classroom observation, social history, Individualized Educational Plan (IEP) and medical records.

_____ _____
Parent/Guardian Signature of Parent/Guardian

Address: _____

City: _____ State: _____

Zip code: _____