



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 SPECIAL EDUCATION RECORDS

Date: _____

Permission is granted to release confidential Special Education Records for.

(Student Name)

(Date of Birth)

To: _____

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: _____