

PARENTAL PERMISSION TO RELEASE RECORDS  
(To and From the Central Valley Central School District)

To Whom It May Concern:

I hereby grant permission for release of all records and test information (medical and/or educational) that have been compiled on my child:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please forward records to the attention of \_\_\_\_\_ at the address below:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Central Valley Academy<br>111 Frederick Street<br>Ilion, NY 13357<br>Phone: 315-895-7471<br>Fax: 315-895-5255 | <input type="checkbox"/> Gregory B. Jarvis Middle<br>School<br>28 Grove Street<br>Mohawk, NY 13407<br>Phone: 315-867-2620<br>Fax: 315-867-2908 | <input type="checkbox"/> Barringer Road Elementary<br>326 Barringer Road<br>Ilion, NY 13357<br>Phone: 315-894-8420<br>Fax: 315-894-0153 | <input type="checkbox"/> Harry M. Fisher Elementary<br>10 Fisher Avenue<br>Mohawk, NY 13407<br>Phone: 315-866-4851<br>Fax: 315-866-0055 |
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I hereby authorize the Central Valley Central School District to obtain records and data and/or consult with (either verbally or in writing) from:

\_\_\_\_\_  
Name of Agency/Contact Person

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date