



# BALD EAGLE AREA SCHOOL DISTRICT

751 SOUTH EAGLE VALLEY ROAD  
WINGATE, PENNSYLVANIA 16823-4740

Duration of Exchange \_\_\_\_\_

## Consent to Exchange Information

The Bald Eagle Area School District has my permission to exchange information

about \_\_\_\_\_

with: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Type of information to be exchanged: \_\_\_\_\_

Reason exchange is requested: \_\_\_\_\_

It is understood that this information will be used in the best interest of the child and will be held confidential.

Signed: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

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

Information requested by: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please: Fax \_\_\_\_\_ Mail \_\_\_\_\_ Call \_\_\_\_\_