

Pioneer Valley Performing Arts Charter Public School

15 Mulligan Drive, South Hadley, MA 01075

Phone: 413-552-1580 Fax: 413-552-1594

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Student: _____ Date of Birth: _____

Address: _____ Telephone: _____

_____ Parent/Guardian: _____

I hereby authorize _____ to communicate with and furnish/receive copies of the information specified below to the following individuals/agencies for the purpose of providing ongoing inter-agency follow-up:

Name	Agency/Facility	Telephone

Specific information to be released in writing or verbally:

- Behavioral data
- Progress reports
- Individual Education Plan (IEP)
- Medical information
- Psychological reports
- Discharge/Treatment summary
- Educational testing results
- Psychological testing results
- Transportation information
- Other/specify _____

I understand that I may revoke this consent at any time, except where information has already been released. Information can be continually updated until this authorization expires one year from the date below.

Signature: _____
(Parent/Legal Guardian)

Date: _____