

VALLEY WEST SCHOOL

269 Moore Street, Chicopee, MA 01013

(413) 592-6069

www.valleywestschool.com

Release of Information Form

I, hereby give permission to the following agencies and/or providers to communicate, furnish, or receive all information regarding my child _____ as requested or provided by Valley West School: (student name)

AGENCY/PROVIDER/OTHER

PHONE NUMBER

Parent/Guardian Signature

Date

Except for the provisions in Section 7.3, no information in a student's record shall be disseminated to a third party without the specific informed written consent of the eligible student and his/her parent, or either one, as applicable, under the rules in Section 1 of these regulations. When granting consent, the eligible student and his/her parent, or either one, as applicable, shall have the right to designate which portions of the student record shall be disseminated to any third party.
