



Plainview-Old Bethpage Central School District

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Pupil Personnel Services

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CONSENT TO EXCHANGE AND DISCLOSE EDUCATIONAL RECORDS AND INFORMATION

I _____, parent of _____,
a student in the Plainview-Old Bethpage Central School District, hereby
authorize the Plainview-Old Bethpage Central School District, its employees,
staff and/or agents to disclose, discuss and exchange information and
educational records regarding my child _____ to and with
_____ (provider name) as needed for educational purposes.

Provider Phone: _____ Provider Fax: _____

Date

Parent Name

Parent Signature

Relationship to Student