

IEP/504/Declassified Document Request

**PAWLING HIGH SCHOOL
30 Wagner Rd
Pawling, NY 12564
Phone (845) 855-4615 fax 855-4678**

I, _____, give permission to the Pawling High School to release the following documents for the purpose of applying for program adjustments to the colleges listed below:

Print student name here

- ___ **INDIVIDUALIZED EDUCATION PLAN AND PSYCHOLOGICAL REPORT**
- ___ **504 PLAN AND PSYCHOLOGICAL REPORT**
- ___ **DECLASSIFIED DOCUMENT AND PSYCHOLOGICAL REPORT**

NAME AND ADDRESS OF COLLEGE(s):

PARENT Signature

date

STUDENT Signature

date