



# PLATTSBURGH CITY SCHOOL DISTRICT

**Glenn. M. Hurlock**

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## PERMISSION TO RELEASE INFORMATION

**RE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I, \_\_\_\_\_, parent (or person in parental relationship) of the above referenced child, hereby authorize the release of written and verbal information as follows:

**FROM:** \_\_\_\_\_

**TO:** The Plattsburgh City School District Special Education Office

**AND**

**FROM:** The Plattsburgh City School District Special Education Office

**TO:** \_\_\_\_\_

\_\_\_\_\_

**Parent or Person in Parental Relationship**

\_\_\_\_\_

**Date**

### **MISSION**

*Our mission is to educate each student of the Plattsburgh City School District by creating challenging, supportive, and interactive learning that advances intellectual, physical, social, and cultural development.*