

Broadalbin – Perth Central School District
Committee on Special Education
1870 County Highway 107
Amsterdam, New York 12025
Phone: (518) 954-2726
Fax: (518) 954-2709

Release of Information Form

Pursuant to the regulations of the Family Educational Rights and Privacy Act of 1974, I hereby give permission to release to the Committee on Special Education, information in the records of _____, _____ as follows, from:

Student Name

Date of Birth

School District or Other Provider

Allows for the CSE to speak with counselors, doctors, therapists, and other professionals who may have contact with the student regarding diagnosis, medication, health-related issues.

Educational records, including: IEP, Functional Behavioral Assessment, Vocational Assessment, academic, achievement, attendance, athletic, personal history and disciplinary records.

Medical records, including, but not limited to: physical, immunizations, nature of illness, diagnosis, treatment, duration of illness, length of confinement and prognosis.

Confidential psychological reports and other special education information.

Signature of Parent or Legal Guardian

Date

Return this form with a copy of the New Student Data Sheet to the Special Education Office

10/02