

**Mohonasen Central School District
2072 Curry Road
Schenectady, New York 12303
518-356-8220**

CONSENT AND AUTHORIZATION FOR RELEASE OF RECORDS

TO:

**Re: Request and Consent for Release of Records and Information
Regarding:**

I, _____, parent of _____ request and consent to
[Name of parent] [Name of student and DOB]

the release of the following information pertaining to my child named above,

[List the specific information sought in the space provided below]

to the _____ School District where my child attends. I also authorize you to discuss
[Name of District]
my child(s) condition, the course of treatment and your recommendations with the following representatives of the
School District for the purposes of educational planning.

[List names and titles of authorized individuals in the space provided below]

Please forward the records listed above to the attention of _____ at the
address appearing on the letterhead.

Thank you in advance for your cooperation. If you have any questions, please do not hesitate to contact me.

[Signature of Parent] _____

Print Name _____

Relationship to Student/ Patient _____

Date _____

This Authorization, unless revoked in writing, will remain in effect for one year from the dated signed.