

**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]**

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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]**

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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.**