CASE # _____

CONFIDENTIALITY RELEASE FORM

I authorize _____* to assist me in representing my child, _____(date of birth: ___/___/___) at the impartial hearing. I grant permission to the Impartial Hearing Office to communicate with the above-named person and to allow that person to receive and to view any materials related to this case.

_____
Parent/Guardian's Signature

_____
Date

Please provide the following information (print legibly):

Parent/Guardian's Name _____

Address _____apt.#_____

_____

Telephone Number: Home (____)_____

Cell: (____)_____

Work:(____)_____

* Representative's Address _____

_____

Telephone Number (___)_____

PLEASE RETURN THIS COMPLETED FORM TO:

(BY MAIL) **IMPARTIAL HEARING OFFICE**
131 Livingston Street – room 201
Brooklyn, NY 11201

(BY FAX) **718-935-2528**

Rev 9/11