

Request for Release of Records

REQUEST FOR RELEASE OF RECORDS

NAME OF CHILD: _____

DATE OF BIRTH: _____

To Whom It May Concern:

We are currently evaluating the above child to determine his/her educational needs. In order to avoid unnecessary duplication of testing, please forward copies of your evaluations as indicated below. Parental consent for release of this information is indicated on the bottom of this form. If you have administered any diagnostic tests within the last three years, other than those indicated, please forward copies of those reports as well.

<input type="checkbox"/> Medical	<input type="checkbox"/> Neurological
<input type="checkbox"/> Psychological	<input type="checkbox"/> Audiometric
<input type="checkbox"/> Social History	<input type="checkbox"/> Optometric
<input type="checkbox"/> Educational	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Other

Under the law, parents have access to all reports in their child's school record. All reports received will become part of the child's school record and may be disclosed in accordance with the Family Educational Rights and Privacy Act.

Please forward information to:	

This information should be forwarded as quickly as possible, so that delay in the evaluation of this child will be avoided.

If you have any questions, please feel free to call me at:

_____ on _____
(Telephone) (Days)

Thanks for your cooperation.

Sincerely,

Signature
Name (Print)
Title

IMPORTANT: PLEASE READ, SIGN AND RETURN TO THE CSE IN THE ENCLOSED ENVELOPE

I hereby authorize the Department of Education, its employees and agents, to consult with and to obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist. I understand that all records will be kept confidential and will not be given to any other agency or individual without my written consent.

(Sign here) _____
Signature of parent/guardian

Date _____

NYCID: _____

CSE Case #: _____

School: _____