

**CORTLAND ENLARGED CITY SCHOOL DISTRICT
1 VALLEY VIEW DRIVE
CORTLAND, NEW YORK 13045**

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, do hereby consent to and authorize Cortland Enlarged City School District to disclose to or request from:

Name of person/facility

Address

Information regarding _____
and pertaining to: _____ Student Name _____ Date of Birth

- Psychological Testing
- Social History
- Academic Records
- Medical Records
- Counseling Assessment
- Other _____

This information is needed for the following purposes:

- To coordinate services
- To obtain insurance benefits
- To obtain government benefits
- Other _____

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below. I also understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure by the recipient and the information may not be protected by the federal privacy rules or by New York State law.

Signature of Client

Date

Signature of Parent/Guardian

Date

This consent will expire at the end of the 20____ school year, or when acted upon, or:

(Specify date, event or condition upon which it will expire sooner)

Please forward information to:

