**CORTLAND ENLARGED CITY SCHOOL DISTRICT**

**VALLEY VIEW DRIVE**

**CORTLAND, NEW YORK 13045**

**CONSENT TO RELEASE CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent to and authorize Cortland Enlarged

**(*Parent/Guardian*)**

City School District to disclose to or request from:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Name of person/facility – Doctor)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Address/Telephone Number)***

Information regarding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(*Student Name*)**  **(*Date of Birth*)**

**Pertaining to**:

⊠ Psychological Testing

⊠ Medical Records

⊠ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⊠ Social History

⊠ Counseling Assessment

⊠ Academic Records

⊠ OT/PT/Speech Scripts

**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 even 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 be the recipient and

the information may not be protected by the federal privacy rules of New York State law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(*Signature of Client*)** **(*Date*)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(*Signature of Parent/Guardian*)**  **(*Date*)**

This consent will expire when services are no longer needed, upon revocation or when the student graduates:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UNTILL SERVICES ARE DISCONTINUED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

PLEASE FORWARD INFORMATION TO: CSE/CPSE Office

1 Valley View Drive

Cortland, NY 13045

Phone: 607-758-4100 Fax: 607-758-4144