

**NYACK PUBLIC SCHOOLS
13A DICKINSON AVE.
NYACK, NEW YORK 10960**

Consent to Receive Confidential Information

Date: _____

To Whom It May Concern:

To release all items noted below, as follows for:

_____ Student's Name	_____ Date of Birth
<input type="checkbox"/> Individual Education Plan (IEP)	<input type="checkbox"/> Audiological Report
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Medical and Immunization
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Education/Academic Assessment
<input type="checkbox"/> Social History	<input type="checkbox"/> Transition Plan/Record
<input type="checkbox"/> Speech and Language Evaluation	<input type="checkbox"/> Occupational Therapy Report
<input type="checkbox"/> other	

PLEASE SEND THIS INFORMATION TO: Nyack Public Schools
13A Dickinson Ave.
Nyack, NY 10960
Attn: Special Education Office

Parent/Guardian Signature

Date of Consent