



SOUTHERN WESTCHESTER BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR SPECIAL SERVICES
1606 Old Orchard Street, White Plains, New York 10604
(914) 948-7271 • Fax (914) 948-7598

I, _____, hereby authorize and give consent to:

And its respective agents and employees, to release information limited to the following items: *Any information, socially, emotionally, and behaviorally that may contribute to the academic success of the student.*

I permit the confidential information to be released to:

SWBOCES

Student Name: _____

Date of Birth: _____

This authorization to release confidential information may be revoked by me, in writing at any time, except to the extent that action has already been taken; it shall be effective only long enough to answer the purpose for which it is given, and no further confidential information will be released without the execution of an additional written statement of consent.

Date of Consent

Signature of Student, if not a minor

Date of Consent

Signature of Parent / Guardian

COMPONENT DISTRICTS: Ardsley, Blind Brook, Bronxville, Byram Hills, Dobbs Ferry, Eastchester, Edgemont, Elmsford, Greenburgh Central, Greenburgh Eleven, Greenburgh Graham, Greenburgh North Castle, Harrison, Hastings-on-Hudson, Hawthorne Cedar Knolls, Irvington, Mount Pleasant Blythedale, Mount Pleasant Central, Mount Pleasant Cottage, Mount Vernon, New Rochelle, Pelham, Pleasantville, Pocantico Hills, Port Chester, Rye City, Rye Neck, Scarsdale, The Tarrytowns, Tuckahoe, Valhalla, White Plains