BOCES Southern Westchester
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

Related Services Authorization Form

BOCES and Non-BOCES Students 2019 • 2020

Authorized By: _____ **School District:** _____

Title: _____ **Telephone #:** _____ **Fax #:** _____

Email contact: _____

Student Name: _____ **Grade:** _____ **Age:** _____ ☐ Male ☐ Female **DOB:** _____

Is the Student Homebound? ☐ Yes ☐ No **If Yes, provide Parent/Guardian contact information**

Parent/Guardian Name: _____ **E-Mail:** _____

Home Address: _____ **Telephone:** _____

School Contact Person: _____ **Telephone:** _____

School Name: _____ **Email:** _____

School Address: _____ **STAC ID:** _____

PLEASE ATTACH RELEVANT IEP INFORMATION

RELATED SERVICES REQUESTED (fill in all areas for each service requested)

Select Type of Service					

Please indicate the "Other" service needed or special directions, further pertinent information for this student's service(s):

Please submit authorization to: Southern Westchester BOCES
1606 Old Orchard Street
White Plains, NY 10604
c/o Jack Aiello

Phone: 914-948-7271, Ext. 1225
E-mail: jaiello@swboces.org
Fax: 914-428-3306