



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

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, hereby authorize and give my consent to

_____ and its respective agents and employees, to release information limited to the following items:

I permit the confidential information to be released only to Southern Westchester BOCES for the purpose of maintaining health/education of my child:

Student Name: _____

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

Signature of Witness

8/15/18

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