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