



Office for People With Developmental Disabilities

ANDREW M. CUOMO
Governor

KERRY A. DELANEY
Acting Commissioner

STUDENT/PARENT/GUARDIAN CONSENT TO DISCLOSE EDUCATIONAL AND HEALTH RECORDS TO DETERMINE ELIGIBILITY FOR OPWDD SERVICES AND TO ASSIST OPWDD ELIGIBLE INDIVIDUALS TO PLAN FOR ADULT SERVICES

Individual is attending school as a: Day Student Residential Student

_____/_____/_____, [student], or his or her parent(s) or
Student Name Student Date of Birth

person (s) responsible, consent to the disclosure of records and information maintained by

_____ and _____
School Local School District

to staff of the New York State Office for People with Developmental Disabilities Office (OPWDD) for the purpose of determining the student’s eligibility for OPWDD adult services and to initiate planning for the student’s adult service needs.

Records and information to be disclosed include student and parent contact information, home school or social services district, as well as student psychological evaluations, developmental or social history, medical summaries and health status forms, adaptive assessment reports, Individual Education Program (IEP), current progress notes, and any other documents listed on the attachment to this form, if any.

Signature of Student/Parent/Person in Parental Relation Relationship to Student

Printed Name of Student/Parent/Person in Parental Relation

Date

Phone Number

Street Address

City, State and Zip Code

Executive Office