



CROTON-HARMON SCHOOL DISTRICT

DISTRICT OFFICE
10 GERSTEIN STREET
CROTON-ON-HUDSON, NEW YORK 10520

TEL: (914) 271-4173
Stephen Walker
Superintendent of Schools

FAX: (914) 271-8685
Rachel DePaul
Director of Pupil Personnel Services

Consent to Release Records

Name of Student _____ D.O.B. _____

I, _____ (print name), the parent/guardian/eligible student (circle) of
_____ (name of student), hereby consent to the release of the following
education records to the Croton-Harmon UFSD:

- Academic Records (Transcript)
- Individualized Education Program (IEP)
- Psychological Evaluations, Educational Evaluations, Social History
- Recommendations for employment or admission to other schools
- Any other evaluations
- Disciplinary Records

I consent to this release for the following purposes:

Please release copies of the records listed above to:

The Department of Pupil Personnel Services

Phone Number: 914-271-6675

This release is valid for 60 days from the date of its execution.

I understand that by signing this release I am waiving my rights to nondisclosure of my/my child's education records as guaranteed by the Federal Family and Education Rights Privacy Act ("FERPA"), 20 USC §1232g. I understand that I have the right not to consent to disclosure of my/my child's education records to a third party. I understand that I have the right to receive a copy of my/my child's education records upon my request. I further understand that by signing this release I am authorizing and giving my informed consent to the Croton-Harmon Union Free School District (including but not limited to its agents, employees, administrators, teachers and staff) to disclose the education records of me/my child to a third party.

Signature of Parent/Guardian/Eligible Student

Relationship to Student

Signed before me, _____, on this _____, day of _____, 20 _____

Notary Public