



# Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212 ☎phone 716-891-6402 ☎fax 716-891-6435 ☎ [www.cheektowagasloan.org](http://www.cheektowagasloan.org)

## RELEASE AND EXCHANGE OF INFORMATION FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Dear Parents/Guardians:** We are committed to protecting the privacy of you and your child. In order to properly serve your child's needs as a public school district, we are required to obtain any necessary information. This form provides your authorization and helps us to provide appropriate educational services and/or coordinate with outside agencies to meet the needs of your child. This disclosure is also made at the request of you, the parent/guardian.

### Registering School District Information

Please send current student records to the central registrar at:  
Cheektowaga-Sloan Union Free School District  
ATTN: Central Registrar  
166 Halstead Avenue, Sloan, New York 14212  
Phone : 716-891-6427  
Fax : 716-891-6435  
Email: [sloanregistration@cheektowagasloan.org](mailto:sloanregistration@cheektowagasloan.org)

### Please send current Special Education Records to the

Office of Special Education at:  
Cheektowaga-Sloan Union Free School District  
ATTN: Office of Special Education  
166 Halstead Avenue, Sloan, New York 14212  
Phone : 716-891-6429  
Fax: 716-891-6430  
Email: [ccaruso@cheektowagasloan.org](mailto:ccaruso@cheektowagasloan.org)

**What information will be used or disclosed?** The appropriate boxes should be checked below so that you (or any organization that must disclose information pursuant to this authorization) can understand what information may be used.

The following information:

- Academic Intervention Services (AIS)
- Current Report Card
- English as Second Language Assessment & Levels
- Attendance Records
- Current IEP
- Medical reports/Immunization Data
- Complete Transcript
- Social work records
- Standardized Test Scores/ State Assessments
- Discipline Records
- Withdrawal Grades to Date

### Previous School District Information

District Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SPECIFIC UNDERSTANDINGS:** By signing this authorization form, you authorize the use or disclosure of your child's protected health information as described above. This information may be redisclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information, and such information is no longer protected by federal health information privacy regulations. You have a right to refuse to sign this authorization. Your child's right to attend public school will not be affected if you do not sign this form. You have a right to see and copy the information described on this authorization form in accordance with district policies.

If you sign this authorization, you will have the right to revoke it at any time, except to the extent that the service provider has already taken action based upon your authorization. To revoke this authorization, please write to the Cheektowaga-Sloan Union Free School District, Director of Accountability & Assessment, 166 Halstead Avenue, Sloan, New York 14212.

**SIGNATURE:** I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

\_\_\_\_\_  
Signature of Parent or Guardian of Student

\_\_\_\_\_  
Print Name of Parent or Guardian of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (If age 18)

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Date

**THE PARENT OR GUARDIAN MUST BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED.**