South Country Central School District
Student Support Services
105 Fireplace Neck Road
631-730-1781 **Brookhaven, NY 11714** **Fax: 631-286-4914**

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

I hereby give my permission for the exchange of the following information/evaluations:
This consent will remain in effect unless withdrawn in writing.

Special Education: *Social History, Educational, Psychological, Psychiatric, Functional Behavior Assessment, Behavior Intervention Plan, Medical (including immunizations), Neurological, Occupational Therapy, Physical Therapy, Speech Therapy, Prior Written Notice/Consent and IEP for the following school years:* _____

General Education: *Report Cards, Standardized Test Scores, Transcripts*

Other: _____

Between:

Kerry Carson, Director
South Country CSD
Student Support Services
105 Fireplace Neck Road
Brookhaven, NY 11714
631-730-1781
fax: 631-286-4914

_____

_____

_____

and _____

Fax# _____

Phone# _____

Regarding my child (print) _____ DOB: _____

Guardian's Signature _____

Guardian Print Name _____

Date Released/Mailed/Faxed (Initial) _____

cc: Student's CSE File
Updated: 10/6/2020 4:16 PM