



Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212 ☎phone 716-891-6402 ☎fax 716-891-6435 ☎ 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

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: jweremblewski@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

☒ Science Lab Minutes & Science Investigation Units

☒ 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.