



Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, NY 14212 | P: (716) 891-6402 | F: (716) 891-6435 | www.cheektowagasloan.org

Authorization for Release And Exchange of Information

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.

The following student has registered in the Cheektowaga-Sloan Union Free School District:

Student Name: _____ Date of Birth: _____ Grade: _____

Address _____ Phone Number _____

Previous School District Information:

District Name: _____ School Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

I hereby authorize to release the following information to the Cheektowaga-Sloan Union Free School District for the above named student:		Please send ALL current student records to the central registrar at:
● Academic Intervention Services (AIS) ● Attendance Records ● Complete Transcript ● Current IEP ● Current Report Card ● Discipline Records ● English as Second Language Assessment & Levels	● Medical reports/Immunization Data ● Science Lab Minutes & Science Investigation Units ● Standardized Test Scores/ State Assessments ● Social work records ● Withdrawal Grades to Date	Cheektowaga-Sloan Union Free School District ATTN: Central Registrar 166 Halstead Avenue Sloan, NY 14212 Phone : 716-891-6427 Fax : 716-891-6435 Email: sloanregistration@cheektowagasloan.org

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