

# Pittsford Schools

## Authorization for Release of Student Special Education Information

**Student Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Current School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Permission is given to release the following records:**

- Psychological testing
- Individual Education Plan
- 504/Plan
- Other testing (PT, OT, Speech/Language, etc.)

**SIGNATURE OF:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Parent or legal guardian, or student if over 18)

### INFORMATION SHOULD BE FORWARDED TO:

<input type="checkbox"/>	<b>PITTSFORD CENTRAL SCHOOL COMMITTEE ON SPECIAL EDUCATION</b> Maria Hill/Gail Lacek	75 Barker Road Pittsford, NY 14534	PHONE: (585) 267-1014 FAX: (585) 218-1068
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