

Office of Special Education
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Director of Special Education

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CONSENT TO RELEASE INFORMATION

RE: _____
Name of Student

_____ Date

I give permission to the _____ to release to the individuals listed below the
Name of School District
following school records pertaining to my child, names above, for purposes of educational planning:

LIST RECORDS HERE:

Name: Address: Phone:	Name: Address: Phone:
Name: Address: Phone:	Name: Address: Phone:
Name: Address: Phone:	Name: Address: Phone:

Parent's Signature

Please Print Name

Date of Permission

Expiration Date