

CONSENT TO SHARE INFORMATION

- School District(s) _____
- BOCES _____
- Department of Social Services _____
- Shelter Provider _____
- Other _____

To help my child receive all of the services to which he/she is entitled,

I, _____,
Name of parent or person in parental relation

parent of _____ (DOB: __/__/__),
Name of child

give my permission to the staff from the agencies checked above to exchange the information checked below:

- Identifying information. For example, name of the child, date of birth, temporary housing location, parents' names;
- Information about where I would like my child to go to school, including the STAC-202 form;
- Information about the Department of Social Services plan for transporting my child to and from school;
- Special needs of my child that would affect education services, including transportation. For example, physical disabilities or health problems; and
- Educational records, including psycho-social history, Committee on Special Education records (such as the IEP and evaluations), report cards, attendance records, and any other record that will help with educational planning.

This consent shall remain valid until the end of the school year or before that if I withdraw my consent in writing. To do this, the parent must write a letter to all of the agencies checked above that says that the parent does not want the agencies to share information any more.

Signature

Relationship to Child

Date