

Lansing Central School District

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Lansing, NY 14882
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AUTHORIZATION FORM FOR THE RELEASE OF CONFIDENTIAL INFORMATION

STUDENT NAME: _____ GRADE: _____

DATE OF BIRTH: _____ ACADEMIC YEAR: _____

I, _____, consent to the release of information between:

_____ and _____

for the purpose of _____

_____.

Information to be disclosed: (Please check all that apply)

- ____ School records/ reports/ evaluations
- ____ School attendance
- ____ School progress
- ____ Reports/ evaluations from outside agency
- ____ Progress at outside agency
- ____ Emotional/ behavioral/ social progress
- ____ Other

This release is valid for the remainder of the _____ academic year. I have the right to revoke this at any time. I understand the Federal Confidentiality Law binds any disclosure, and re-disclosure of this information to a party other than the one designated above, is forbidden without additional written authorization on my part.

Signature of parent, guardian or authorized representative

Date