

**COMMITTEE ON SPECIAL EDUCATION
PERMISSION TO RELEASE/OBTAIN INFORMATION**

Student Name: _____ **Date of Birth:** _____

I hereby authorize the Dobbs Ferry Union Free School District:

Release the following information to:

Obtain the following information from:

Name: _____

Name: _____

Agency: _____

Agency: _____

Street: _____

Street: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Communicate over the telephone with and/or to
arrange a classroom observation by:

Name: _____

Agency: _____

Phone: _____

Most
Recent

All

Specific Information
or Dates

cumulative file records (report cards, general ed. Records)
standardized test scores (DRP, CMT, SAT, CMAT)
educational evaluations
psychological evaluations
social work evaluations
minutes of CSE/IEP Team meetings
IEP
Other, Specify _____
Other, Specify _____

<p>Parent/Guardian</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name</p> <p>_____</p> <p>Relationship/Position</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p> <p>_____</p>	<p>Administrator Authorizing Release</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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