

**South Colonie Central Schools
Pupil Services Office
100 Forest Drive
Albany, New York 12205**

CONSENT TO RELEASE OF EDUCATIONAL RECORDS*

_____, the Parent/Guardian of _____,
authorize the South Colonie Central School District to obtain relevant educational records from:

Nonpublic School where Child is Attending

to complete the evaluation process and develop an IESP, if deemed eligible.

Parent's Signature*

Date

CONSENT TO RELEASE OF EDUCATIONAL RECORDS*

_____, the Parent/Guardian of _____, consent to
the exchange of relevant educational evaluations, reports, tests and IEP/IESP between

_____, and the South Colonie Central School District,
District of Residence

the district where the nonpublic school is located where my child will attend/attends. This is for purposes of
billing and the development of an IESP, if deemed eligible.

Parent's Signature*

Date

CONSENT TO CONDUCT EVALUATIONS

_____, the Parent/Guardian of _____,
consent to the following evaluations in order to determine special education eligibility and develop an IESP
(if deemed eligible) for the coming school year.

[LIST ALL EVALUATIONS WITH A BRIEF DESCRIPTION OF THE TESTING]

Parent's Signature

Date

*Notice: You are not required to consent to the release of information as a condition for receiving special education
services. We request this information to assist the District in developing a program for your child and for billing
purposes for evaluations and services, if necessary.