

## **RELEASE OF INFORMATION FROM FORMER SCHOOL**

I,	, eligible student or parent or legal guardian of				
	[name of student], hereby conse	ent to the disclosu	re and release of the		
following education records ofassessment reports, special education, med	[name of student]: all general education, NYS eation, medical, psychological and disciplinary records of the aforementioned student.				
I authorize this disclosure to be made by:					
Previous School:					
Address:					
Street	City	State	Zip Code		
I consent to this disclosure and release for	the following purposes:				

(e.g., new enrollment of student; transfer of student).

Please allow disclosure of all above mentioned records and release copies of the records listed above to the Katonah-Lewisboro School District (herein after referred to as the "receiver of records").

This release is valid for three hundred and sixty four days from the date of its execution.

I understand that by signing this release I am waiving my right to nondisclosure of my student child's education records as guaranteed by the Federal Family and Educational Rights Privacy Act ("FERPA"), 20 U.S.C. §1232g. I understand that I have the right not to consent to disclosure of my student child's education records to a third party. I understand that I have the right to receive a copy of my student child's education records upon my request and to a copy of the records released pursuant to this release upon request.

Please send all documentation to: Katonah-Lewisboro School District, PO Box 387, Katonah, New York 10536, to the attention of the school office checked below:

John Jay High	School – Attention:	<b>Counseling Center</b>

John Jay Middle School – Attention: Counseling Center

Increase Miller Elementary School – Attention: Main Office

ר Katonah Elementary School – Attention: Main C	Office
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] Meadow Pond Elementary School – Attention: Main Office

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Relation to Student

If you have any questions concerning the release of information, please contact Ms. Gail Weiss, District Registrar, at 914-763-7050.