



RELEASE OF INFORMATION FROM FORMER SCHOOL

I, _____, eligible student or parent or legal guardian of _____ **[name of student]**, hereby consent to the disclosure and release of the following education records of _____ **[name of student]**: all general education, NYS assessment reports, special education, 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: Counseling Center John Jay
- ☐ Middle School – Attention: Counseling Center
- ☐ Increase Miller Elementary School – Attention: Main Office
- ☐ Katonah Elementary School – Attention: Main Office
- ☐ Meadow Pond Elementary School – Attention: Main Office

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Relation to Student