

**AUTHORIZATION FOR ACCESS OF INFORMATION**

TO THE PRINCIPAL OF:

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

NAME	GRADE	BIRTHDATE

I hereby consent that Duanesburg Central School may have access to all records of my child/children, referenced above, (academic, health/immunizations, standardized tests, attendance, psychological/social work, IEP, Section 504, teacher reports, miscellaneous material).

I understand that such records will not be released to other persons without my further consent with the following exception: ***This form is to be used for the release of school records to colleges, other schools, employers, scholarship or financial aid programs, courts or probation departments and other third parties.***

I also understand that according to the Family Educational Rights and Privacy Act Final Rule on Education Records, Federal Register, June 1976, volume 41, number 1118, page 24567 – parental permission is no longer required when records are requested by authorized school personnel.

This information is to be directed to the attention of the following named person:

**Ms. Erica Ryan, Principal  
Duanesburg Elementary School  
165 Chadwick Road  
Delanson, NY 12053  
(518) 895-8310 ext. 222/Fax: (518)895-2957**

**Guidance Office/Chris Dickson  
Duanesburg Central Jr/Sr High School  
163 School Drive  
Delanson, New York 12053  
(518) 895-5350, ext. 227/Fax: (518) 895-8560**

\_\_\_\_\_  
\*Signature of Parent/Guardian/Student / Date  
(\*Student must be over 18 years of age to give consent.)