BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Sole Supervisory District of Madison-Oneida BOCES
Verona, NY 13478

<u>PERMISSION TO RELEASE STUDENT RECORDS</u>

I, _____, hereby grant permission to the Madison-Oneida
(Print Name in Full)

BOCES for release of _____'s records:
(Print Student's Name)

If above name is different than that used while at Madison-Oneida BOCES, please

indicate: _____

Check all that apply:

_____ Scholastic Records

_____ Health Records

_____ Psychological Records

Dates of attendance at BOCES:

_____ TO _____

Program: _____

Name and address of Self, Educational Institution, Employer, or Agency requesting records:

_____

_____

_____

Date: _____   Signature: _____

This is the signature of:

Parent: _____   Legal Guardian: _____   Self (if over 18): _____

Phone #: _____