Union-Endicott Central School District
Endicott , NY

STUDENT INFORMATION RELEASE FORM

Student's Name (as carried on rolls)

Date of Birth

Grade Level

Sharing Information with:

Commercial Investigations LLC

Name of Agency

Records - Education Verification

Attention

622 Loudon Road, Suite 201

Street Address

Latham, NY, 12110

City State Zip Code

Phone: (800) 284-0906 | Fax: (212) 937-3858

Phone Number/Fax Number

TO WHOM IT MAY CONCERN:

I wish to have information shared between the above named agency/person and UE CSD in order to facilitate the appropriate supports for my child/self. This release allows for written, email, facsimile and verbal communication between these parties. They can share all information pertaining to the student. In accordance with FERPA, HIPAA, PPL, Education Law and any other relevant laws, I specifically authorize the District to release confidential education record(s), information or data, as indicated below to the named agency above:(check appropriate descriptions):

___ Counseling records
___ Diagnoses
___ Medication Management
___ Assessments and Evaluations
___ Treatment Plans
___ Dates of Service
___ Education Records & Health Records
____ Other- specify: _____

This will expire in one calendar year from date signed; unless revoked, in writing, prior to that date.

Signature of Person Authorizing Release of Records

Date of Consent

Relationship to Student