Student/Parent/Guardian Consent to Disclose Educational and Health Records to Determine Eligibility for OPWDD Services and to Assist OPWDD Eligible Individuals to Plan for Adult Services

Individual is: □ **Day Student** □ **Residential Student**

_____ _____, [student], or his or her parent(s)
Student Name **Student Date of Birth**

or person(s) responsible, consents to the disclosure of records and information maintained by

_____ **and** _____
School Name **Local School District**

to staff of the New York State Office for People with Developmental Disabilities Office (OPWDD) for the purpose of determining the student's eligibility for OPWDD adult services and to initiate planning for the student's adult service needs.

Records and information to be disclosed include student and parent contact information, home school or social services district, as well as student psychological evaluations, developmental or social history, medical summaries and health status forms, adaptive assessment reports, Individual Education Program (IEP), current progress notes, and any other documents listed on the attachment to this form, if any.

_____ _____
Signature of Student/Parent/Person in Parental Relation **Relationship to Student**

_____
Printed Name of Student/Parent/Person in Parental Relation

_____
Date

_____
Phone Number

_____
Street Address, City, State, Zip Code