



Consent to disclose educational and health records to be used to:

- Determine eligibility for OPWDD services and
Assist OPWDD eligible individuals to plan for OPWDD services

Individual is attending school as a: [] Day Student [] Residential Student

Student Name / Student Date of Birth, student, or his or her

parent(s) or guardian, consent to the disclosure of records and information maintained by

School and Local School District

to staff of the New York State Office for People With Developmental Disabilities (OPWDD) for the purpose of determining the student's eligibility for OPWDD services and to initiate planning for the student's OPWDD 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 needed for eligibility or planning purposes.

Signature of Student/Parent/Guardian Relationship to Student

Printed Name of Student/Parent/Guardian Date

Email Address

Phone Number

Street Address

City, State, Zip Code