



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

- Determine eligibility for OPWDD services and
Assist OPWDD eligible individuals with assessment and planning for OPWDD services

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

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_, student, or their

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), and any entity working on behalf of OPWDD for the purpose of determining the student's eligibility for OPWDD services and to initiate assessments and planning for the student's OPWDD service needs.

Disclosed records and other information includes, but is not limited to: student and family contact information; the local educational agency and social services district; educational records; psychological and other evaluations; developmental and social histories; medical summaries and other health-related information; adaptive assessments and related reports; Individual Education Programs; progress notes; information related to determining OPWDD eligibility; information related to transition planning, including attendance at IEP and other relevant meetings. This includes both current and historical records and other information.

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