

Buffalo Public Schools Central Committee of Special Education

Dr. Kriner Cash Superintendent Kim Hoelscher, Kimberly Mauricio, Kyle Morrison Directors of Special Education

Psychological Evaluations

Educational Evaluations

Psycho-social Histories

Psycho-Educational Evaluations

\mathbf{A}°	UTHORIZATIO	N FOR RELEA	SE OF INFORMAT	ΓΙΟΝ
Student's Name		Birth D	ate	
Street Address		Parents		
City	State	Zip	Code	
Telephone # (s)				
Emergency Contact/Alt #				
(na	ame, relationship a	nd phone numbe	er)	
of records concerning the ab placement, and health treatn Erie County Dept. of Soc NYS Office of Mental He WNY Children's Psychia Psychiatric Adolescent C Erie County Department	s for the above name ove named child ("nent agencies/organial Services alth tric Center enter of Mental Health COORDINATOR A	ned child, to obta 'exchange inform nizations/individ Family Con Erie Count Baker Victo CPEP-Com	ain and to release any nation") with any and duals, including those urt y Medical Center ory Services Day Treamp. Psych. Eval. Progra	and all information and copies all day school, day treatment, checked below:
The releaser of information rexecuted date (below), unles	s rescinded earlier	in writing.		oe valid for 12 months from the
Signature of Parent or Guard NOTE: No other party is to		Date	1	
Including but not limited to:		e records willion	it the written consent	of the patent of guardian.
Psychiatric Evaluations		Social Histories		

33 Ash Street, Buffalo, New York 14204 (716) 816-4746 ♦ Fax (716) 816-3974

Health Reports

IEP's

Immunization Records

Student "cumulative card"