

AUTHORIZATION TO RELEASE SCHOOL RECORDS

The Washington-Saratoga-Warren-Hamilton-Essex Board of Cooperative Educational Services (BOCES) is authorized to release information from the personal record of the below noted student to:

The following is a list of items that are being released:

1. _____
2. _____
3. _____
4. _____

This is in effect from the date of authorization until the student and/or parent or guardian requests in writing that the release be withdrawn.

Date of Authorization

Student Name (Please Print)

Student Signature

Signature of Parent or Guardian
(required if student is under 18 years old)

Home Phone Number: _____

Parent/Guardian Work Number: _____

Student Date of Birth: _____