

SOUTH COLONIE SCHOOL DISTRICT
102 LORALEE DRIVE
ALBANY, NEW YORK 12205

RECIPROCAL RELEASE OF INFORMATION

I give my permission to:

of: Colonie Central High School
1 Raider Boulevard
Albany, New York 12205

and the school/agency/individual named below to **exchange** information about the treatment of, testing of, and/or recommendations made regarding:

_____ (DOB: _____)

for the purposes of: _____ coordination of care _____

This permission may be revoked at the request of the parent/guardian/signatory and is otherwise granted throughout this school year.

(school/agency/individual)

(address)

(phone number/fax number)

Name: _____

Address: _____

Relationship: _____

Signature: _____

Date: _____