

**Oneida County Probation Department**  
*Boehlert Center at Union Station*  
 321 Main Street, 2<sup>nd</sup> Floor, Utica, New York 13501  
 Utica ~ Phone: (315) 798-5914 Fax: (315) 798-6467  
 Rome ~ Phone: (315) 337-0797

**Authorization for School to Release Confidential Information**

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 (Name of Child/Adolescent) (Date of Birth)

I, \_\_\_\_\_, the undersigned, hereby authorize  
 \_\_\_\_\_ School District  
 (Name of School District Releasing Information)

to release written records and verbal information on the above named person to the following agencies:

- 1. Oneida County Probation Department
- 2. Oneida County Department of Social Services
- Other: *(Name only if applicable)*

\_\_\_\_\_  
 \_\_\_\_\_

The information to be released is restricted to the following: *(Check ( ) if applicable)*

- |                                         |                                                     |
|-----------------------------------------|-----------------------------------------------------|
| _____ 1. Most current report card       | _____ 10. Psychological evaluation                  |
| _____ 2. Current record of attendance   | _____ 11. I.E.P. (I&II)                             |
| _____ 3. Permanent record card          | _____ 12. Manifestation determination documentation |
| _____ 4. Achievement tests              | _____ 13. Summation of parent contacts              |
| _____ 5. Current discipline record      | _____ 14. Child Study Team Report                   |
| _____ 6. Health record                  | Other: _____                                        |
| _____ 7. Social history                 | _____                                               |
| _____ 8. Social Worker/Counselor report | _____                                               |
| _____ 9. Psychiatric evaluation         | _____                                               |

This information will be used to assess the service and treatment needs of the child and family, to coordinate services and educational planning programs and, if necessary, to enable judges, attorneys and probation officers to make legal decisions.

I, the undersigned, sign this Authorization willingly and voluntarily for the purposes specified above. I understand that I may withdraw my consent at any time except to the extent that action has already been taken in reliance upon this authorization. In any event, this authorization will expire when my child is no longer receiving services from the above noted agencies or one year from its signing, whichever comes first. , unless I specify a date, event or condition upon which it will expire sooner. I also understand the information to be released is confidential and protected from re-disclosure.

_____ (Signature of Student)	_____/_____/_____ (Date)
_____ (Signature of Parent/Guardian)	_____/_____/_____ (Date)
_____ (Signature of Witness)	_____/_____/_____ (Date)

Specify date, event or condition upon which this agreement will expire sooner: \_\_\_\_\_  
 \_\_\_\_\_