

PLATTSBURGH CITY SCHOOL  
DISTRICT  
Special Education Office  
49 Broad Street  
Plattsburgh, New York 12901



Fortune Ellison  
Director of Special Education,  
Chairperson Committee on Special  
Education & CPSE  
518-563-6262 Fax 518-427-4955

## **AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize

\_\_\_\_\_ to release information to the Plattsburgh City School District Special Education Department with regard to my child:

\_\_\_\_\_ Child's Name

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Parent's Signature Date

I hereby authorize the Plattsburgh City School District Special Education Department to release information to:

\_\_\_\_\_ with regard to my child.

\_\_\_\_\_ Child's Name

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Parent's Signature Date