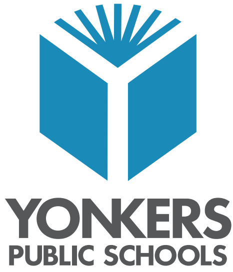

Innovation • Inspiration • Excellence for All

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Dr. Edwin M. Quezada
Superintendent of Schools

Dr. Andrea Coddett
Deputy Superintendent

Dr. Luis Rodriguez
Assistant Superintendent
Special Education and
Pupil Support Services

Deborah Mason
Director
Special Education Compliance

EXCHANGE OF INFORMATION

I, ____

authorize the Yonkers Public Schools District and (check all that apply):

- ☐ Committee on Special Education
- ☐ Occupational Therapy Department
- ☐ Speech/Language Therapy Department
- ☐ Physical Therapy Department

to exchange information relevant to the design and implementation of my child's Individualized Education Program (IEP) with the following individuals or agencies:

Physician/Primary Care Provider:
Name ______________________________
Address ______________________________
Phone ______________________________

Neurologist:
Name ______________________________
Address ______________________________
Phone ______________________________

Other (please specify specialty): ______________________________
Name ______________________________
Address ______________________________
Phone ______________________________

This release may be revoked at any time by sending your request to cancel in writing. Such revocation will not affect any disclosure made prior to its receipt. Protected medical information will not be re-disclosed without consent per FERPA (Family Education Rights and Privacy Act, 1988) regulations. *This release will expire upon the student's graduation or exit from the Yonkers Public Schools District.*

Please check one, sign and date on line below:

☐ **YES**, I give my consent voluntantarily and understand that I may withdraw my consent at any time.

☐ **NO**, I do not give my consent at this time.

Student Name:______________________________ **DOB:** ______________

Parent/Guardian Signature:______________________________ **Date:** ______________