



REQUEST FOR INFORMATION

One Larkin Center
Yonkers, New York 10701
Tel. 914 376-8489
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Dr. Edwin M. Quezada
Superintendent of Schools

Dr. Luis Rodriguez
Assistant Superintendent
Special Education & Pupil Support Services
lrodriquez2@yonkerspublicschools.org

Date: _____

Student: _____ D.O.B.: _____

To: _____
Name of School, District, Person or Agency

Telephone No. _____ Fax No. _____

I, the Parent/Legal Guardian of the above named child, hereby authorize the above named person/agency to furnish any information without restriction from the records of the above named child to the Committee on Special Education at the above address.

Please send most recent copies of:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Social History | <input type="checkbox"/> Current IEP |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> OT/PT Evaluations | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Speech Evaluation | <input type="checkbox"/> School Transcript | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Behavior Intervention Plan | |

Signature of Parent/Legal Guardian
Yonkers Public Schools treats this electronic signature like an official handwritten signature.

Relationship

Witness

Please Note: All records received by Yonkers Public Schools will be released to other School Districts and/or parents ONLY upon written request from parent; except for records covered under Federal confidentiality regulations.