

**GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT
P.O BOX 501
DOBBS FERRY, NY 10522**

COMMITTEE ON SPECIAL EDUCATION

**Dorothy Riolo
Supervisor of Pupil Personnel Services**

Tel. No. 914-693-8500

RE: _____

Date of Birth: _____

RELEASE OF RECORDS FORM

I, _____ give the CSE permission to get all school records, including confidential records, from all former school placements and agencies. I also give all former schools and agencies permission to release my son's records to you.

I further give my permission for all records to be shared between Children's Village and Greenburgh Eleven UFSD.

Signed,

Parent/Guardian

Date