



## Office for People With Developmental Disabilities

ANDREW M. CUOMO  
Governor

KERRY A. DELANEY  
Acting Commissioner

### CONSENT TO DISCLOSE EDUCATIONAL AND HEALTH RECORDS TO BE USED TO:

- DETERMINE ELIGIBILITY FOR OPWDD SERVICES AND
- ASSIST OPWDD ELIGIBLE INDIVIDUALS TO PLAN FOR OPWDD SERVICES

Individual is attending school as a: ☐ Day Student ☐ Residential Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, student, or his or her  
Student Name Student Date of Birth

parent(s) or guardian, consent to the disclosure of records and information maintained by

\_\_\_\_\_ and \_\_\_\_\_  
School Local School District  
to staff of the New York State Office for People with Developmental Disabilities Office (OPWDD) for the purpose  
of determining the student's eligibility for OPWDD services and to initiate planning for the student's OPWDD  
service needs.

Records and information to be disclosed include student and parent contact information, home school or  
social services district, as well as student psychological evaluations, developmental or social history, medical  
summaries and health status forms, adaptive assessment reports, Individual Education Program (IEP), current  
progress notes, and any other documents listed on an attachment to this form, if any.

\_\_\_\_\_  
Signature of Student/Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Printed Name of Student/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Executive Office

44 Holland Avenue, Albany, New York 12229-0001 | 886-946-9733 | [www.opwdd.ny.gov](http://www.opwdd.ny.gov)