

**RELEASE OF INFORMATION**

**TO PARENTS:**

In compliance with the Educational Amendments of 1974 – Family Education rights and Privacy Act of 1974, parents are requested to sign the following release. This release gives the East Quogue Union Free School District permission to request pertinent information regarding the student from his/her former school, health clinic, hospital or private agency. All information received is considered confidential.

**RATIONAL FOR THIS RELEASE:**

Section 438 of Public Law 93-380 states “with respect to this subsection, personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the parents of the student.

Therefore, as a recipient of this release, the East Quogue School District is obligated to comply with the above instructions on the release of any information obtained for School District purposes.

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I HEREBY AUTHORIZE: \_\_\_\_\_

Name of previous school

ADDRESS: \_\_\_\_\_

TO RELEASE ALL MEDICAL, EDUCATIONAL, SOCIAL, PSYCHOLOGICAL, I.E.P. INFORMATION, ANY SPECIAL EDUCATION RECORDS & ENL/ELL ALL RECORDS INCLUDING NYSITELL/NYSELSLAT WHICH HAVE BEEN MADE A PART OF THE SCHOOL RECORDS REGARDING:

FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEND TO:** EAST QUOGUE UNION FREE SCHOOL DISTRICT

6 Central Avenue  
East Quogue, New York 11942

**EMAIL:** eqregistration@eastquogue.k12.ny.us

I further hereby release: \_\_\_\_\_

Name of previous school

from all liability and all claims pertaining to the disclosure of this information.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ DATE: \_\_\_\_\_