

**FULTON CITY SCHOOL DISTRICT
Special Education Committee
167 South Fourth Street
Fulton, New York 13069
(315) 593-5522**

RELEASE TO EXCHANGE CONFIDENTIAL INFORMATION

I hereby authorize you to exchange all pertinent and confidential information regarding:

Student's Name _____

Date of Birth _____

The information may be exchanged with:

Agency/Name: Committee on Special Education
 Fulton City School District
 167 South Fourth Street
 Fulton, New York 13069

This release has been authorized by:

Signed _____

Relationship _____

Date _____