



AUTHORIZATION TO RELEASE INFORMATION

Student Name: _____ Student Date of Birth: _____
 Student Address: _____ Home Phone Number: _____
 City/State/Zip Code: _____ Student Number: _____

_____ I authorize West Irondequoit CSD to release information to:

OR _____ I authorize West Irondequoit CSD to obtain information from:

 Name of school, healthcare provider, facility, or institution

 Name of school, healthcare provider, facility, or institution

 Address

 Address

 City, State, Zip Code

 City, State, Zip Code

 Phone/Fax number (with area code)

 Phone/Fax number (with area code)

Purpose for request (select all that apply):

- Academics & Lab Reports Physical Therapy Psychological Outside Testing Other

SIGNATURE OF: _____ **DATE:** _____
 (Parent or legal guardian, or student if over 18)

Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____
 If I fail to specify an expiration date, event or condition, this authorization will expire at the end of the academic year from the date of this signing. I understand that I may cancel this authorization at any time by submitting a written request to the address provided at the copy of this form. I understand that this cancellation will not apply to information that has already been released in response to this authorization.

INFORMATION SHOULD BE FAXED OR MAILED TO THE SCHOOL/OFFICE CHECKED BELOW:

<input type="checkbox"/>	Counseling Center - Briarwood School	215 Briarwood Dr. Rochester, NY 14617	Phone: 585-336-1610 Fax: 585-336-1611
<input type="checkbox"/>	Counseling Center - Brookview School	300 Brookview Dr. Rochester, NY 14617	Phone: 585-336-1630 Fax: 585-336-1631
<input type="checkbox"/>	Counseling Center - Colebrook School	210 Colebrook Dr. Rochester, NY 14617	Phone: 585-336-1600 Fax: 585-336-0866
<input type="checkbox"/>	Counseling Center - Listwood School	325 List Ave. Rochester, NY 14617	Phone: 585-336-1640 Fax: 585-336-1666
<input type="checkbox"/>	Counseling Center - Seneca School	4143 St. Paul Blvd. Rochester, NY 14617	Phone: 585-336-1620 Fax: 585-336-1621
<input type="checkbox"/>	Counseling Center - Southlawn School	455 Rawlinson Rd. Rochester, NY 14617	Phone: 585-266-5070 Fax: 585-336-3097
<input type="checkbox"/>	Counseling Center - Iroquois School	150 Colebrook Rd. Rochester, NY 14617	Phone: 585-336-0802 Fax: 585-336-3042
<input type="checkbox"/>	Counseling Center - Rogers School	219 Northfield Rd. Rochester, NY 14617	Phone: 585-336-4716 Fax: 585-336-3097
<input type="checkbox"/>	Counseling Center - Dake School	350 Cooper Rd. Rochester, NY 14617	Phone: 585-336-2961 Fax: 585-336-3034
<input type="checkbox"/>	Counseling Center - Irondequoit High School	260 Cooper Rd. Rochester, NY 14617	Phone: 585-336-2930 Fax: 585-336-3121
<input type="checkbox"/>	Susan Flood, Director - WICSD Student Services	350 Cooper Rd. Rochester, NY 14617	Phone: 585-336-3176 Fax: 585-336-3072