NEW YORK STATE | Office for People With Developmental Disabilities

Student/Parent/Guardian Consent Form

Consent to disclose educational and health records to be used to:

- Determine eligibility for OPWDD services and
- Assist OPWDD eligible students with assessment and planning forOPWDD services

Person is attending schools as a: ☐ **Day Student** ☐ **Residential Student**

_____ _____, student, or their
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 (OPWDD) and any entity working on behalf of OPWDD for the purpose of determining the student's eligibility for OPWDD services and to initiate assessments and planning for the student's OPWDD service needs.

Disclosed records and other information includes, but is not limited to: student and family contact information; the local educational agency and social services district; educational records; psychological and other evaluations; developmental and social histories; medical summaries and other health- related information; adaptive assessments and related reports; Individual Education Programs; progress notes; information related to determining OPWDD eligibility; information related to transition planning, including attendance at IEP and other relevant meetings. This includes both current and historical records and other information.

_____ _____
Signature of Student/Parent/Guardian Relationship to Student

_____ _____
Printed Name of Student/Parent/Guardian Date

_____
Email Address

_____
Phone Number

_____
Street Address

_____
City, State, Zip Code

Updated 9.22.2025