



RELEASE OF INFORMATION

In the case of:

(Name of Child)

(Date of Birth of Child)

I Hereby Authorize and Request you to release any or all **information from any Caregiver of the above mentioned minor to:**

Broome-Tioga BOCES
435 Glenwood Road
Binghamton, NY 13905-1699

Parent/Guardian Signature

Relationship to Student

Date

I Hereby Authorize and Request Broome-Tioga BOCES to release any and all information of the above mentioned minor **to the following organization(s):** (Examples: Probation, Social Services)

Parent/Guardian Signature

Relationship to Student

Date