

Oyster Bay-East Norwich Central School District  
Committee on Special Education  
150 East Main Street  
Oyster Bay, NY 11771  
(516) 861-3200

School Year: \_\_\_\_\_

Parent/Guardian of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

Dear Parent/Guardian:

As you know, the Committee on Special Education for the Oyster Bay-East Norwich Central School District is now responsible for providing Special Education Programs and/or Related Services to your child while he/she is attending either St. Dominic High School, St. Dominic Elementary School or East Wood School. According to new regulations from the New York State Education Department, Oyster Bay-East Norwich is considered to be the District of Location for students that attend these non-public schools. The home district of the student is considered to be the District of Residence.

Districts of Location are eligible to receive reimbursement for the provision of services for those non-resident students that are parentally placed in non-public schools within its borders. However, before we can claim reimbursement, we need to have your permission to release information about your child's services to the District of Residence.

Please provide the district with your consent by signing the form below. We appreciate your prompt response to this request.

Sincerely,



Ellen B. Loewy  
Director of Special Services

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**Consent for Release of Information**

I, \_\_\_\_\_ as parent/guardian of  
(Please print parent/guardian name)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

give permission to the \_\_\_\_\_ School District Committee on Special Education to disclose information from my child's educational records to the Oyster Bay-East Norwich Central School District for the sole purpose of claiming reimbursement for the initial evaluation and/or provision of special education services included in my child's Individualized Education Service Place (IESP).

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Oyster Bay-East Norwich Central School District  
Department of Special Services

**AUTHORIZATION/RELEASE OF INFORMATION**

**DATE:** \_\_\_\_\_

The undersigned hereby authorizes the Oyster Bay-East Norwich Department of Special Services to receive or release the below-listed information to or from the following named agency(ies) or other entity(ies):

**AGENCY/SCHOOL:**

**AGENCY/SCHOOL:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**PO Box/Street Address**

\_\_\_\_\_  
**PO Box/Street Address**

\_\_\_\_\_  
**City**

**State**

**Zip**

\_\_\_\_\_  
**City**

**State**

**Zip**

**INFORMATION:**

Medical

Psychological

Educational

Psychiatric

Social History

Speech/Language

Other transfer IEP on IEP direct

**Student Name:**

\_\_\_\_\_

**Student Address**

\_\_\_\_\_

**City, State, Zip**

\_\_\_\_\_

**School:**

\_\_\_\_\_

**Grade:**

\_\_\_\_\_

All information received by the Department of Special Services shall be used for legitimate educational purposes and confidentiality of all student records shall be maintained in accordance with applicable federal and state law. Further, the undersigned authorizes the Department of Special Services to release the above stated educational records only for the following purposes:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**