

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT

**36 Talcott Street
Owego, NY 13827
Phone: (607) 687-6224**

I authorize Owego Apalachin Central Schools to obtain all prior educational records related to my child, _____.
(Child's Name)

These records include, but are not limited to:

- permanent records, educational history
- discipline records
- special education records
- health records
- any other records my son/daughter's educational history

I also authorize Owego Apalachin Central School District representatives to communicate by telephone with any and all previously attended school districts concerning my child's educational history.

Please check one of the following statements:

- () My son/daughter **was** receiving Special Education services at their previous school district(s).*
- () My son/daughter **was not** receiving Special Education services at their previous school district(s).*

*Special Education services include, but are not limited to: Resource Room, Occupational Therapy, Physical Therapy, Adaptive Physical Education and/or Speech Therapy.

SIGNED _____

DATE _____

WITNESS _____

DATE _____