



FULTON CITY SCHOOL DISTRICT

Special Education Department

2592 State Route 3 | Fulton, NY 13069

Phone (315)593-5520 | Fax (315) 593-5519

Desiree Saladin
Director of Special Education

RELEASE TO EXCHANGE CONFIDENTIAL INFORMATION

I hereby authorize the following agency/individual:

Agency:

Contact Person:

Address:

Phone/Email:

to exchange information for the purpose of educational planning regarding:

Student's Name:

Date of Birth:

The information may be exchanged with:

**Agency Name: Committee on Special Education
 Fulton City School District
 2592 State Rte 3
 Fulton, NY 13069**

This release has been authorized by:

Signed: _____

Relationship to Student: _____

Date: _____

This release will expire one year from the date of signature and may be withdrawn at any time prior to expiration by submitting a signed, written request to terminate the release.