Byram Hills Central School District
Department of Health Services
Special Services Department
12 MacDonald Avenue
Armonk, NY 10504
Phone: (914) 273-2280
Fax: (914) 273-2517

MUTUAL RELEASE OF INFORMATION

In order to assist the Health Services Department Staff in caring for your child, it is beneficial to share information with health care providers or agencies who have been involved with your child for evaluation, treatment or counseling.

I hereby authorize the Byram Hills School District's Health Services Department and the following individuals: _____

_____

and the professionals listed below to share mutually any pertinent, confidential information regarding my child _____, DOB _____
Information specifically requested: _____

_____

Please provide <u>complete</u> information for all professionals listed (include full name, address with zip code, phone number and fax, if applicable), and return to our office at the above address.

_____ _____
Date Signature of Parent or Guardian

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1. Professional's Name: _____
   Title / Position: _____
   Affiliation (Hospital / Agency): _____
   Address: _____
   Telephone #: _____ Fax #: _____

2. Professional's Name: _____
   Title / Position: _____
   Affiliation (Hospital / Agency): _____
   Address: _____
   Telephone #: _____ Fax #: _____

3. Professional's Name: _____
   Title / Position: _____
   Affiliation (Hospital / Agency): _____
   Address: _____
   Telephone #: _____ Fax #: _____