



Queens College
Powdermaker – Rm. 200
65-30 Kissena Blvd.
Flushing, NY 11367-1597

Release of Information and Education Records

I hereby authorize (name of your child's school): _____ to release
(Your child's name): _____ educational records, including evaluations, updates,
IEP's, and other pertinent educational information to The New York Deaf-Blind Collaborative in their role
as technical assistance providers. Furthermore I authorize the staff of the school to discuss my child's
educational program with staff from the Collaborative on an ongoing basis.

Name of Parent(s) or Guardian:
Signature:
Address:
Phone:

If you have any questions about this release please contact:

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