



**Geneseo Central School District**  
**Committee on Special Education**

*Cindy Flowers*  
*Special Education Administrator*

4050 Avon Road  
Geneseo, NY 14454  
Telephone: 585-243-3450  
Fax: 585-243-0597

**CONSENT - PERMISSION TO EXCHANGE INFORMATION**

I give my permission for an exchange of records, diagnostic information,  
medical records, psychological records, and/or Committee on Special Education  
information for my child, \_\_\_\_\_  
between Geneseo Central School and \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(PLEASE INCLUDE ADDRESS & PHONE NUMBER OF DOCTORS, EVALUATION SITES, ETC.)

I understand that this information will be used in the best interest of my child.

\_\_\_\_\_  
PARENT(S)/GUARDIAN(S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CURRENT PHONE NUMBERS

Please return completed form and/or information to: Special Education Administrator  
Geneseo Central School  
4050 Avon Road  
Geneseo NY 14454  
Phone #: 585-243-3450, x2267  
Fax #: 585-243-0597