

LIBERTY PARTNERSHIPS PROGRAM

Consent and Release Agreement

I give consent for my child to participate in the Liberty Partnerships Program (LPP) which will provide them with ongoing services throughout their career in **Gowanda Central Schools** or any other school served by a Liberty Partnerships Program.

In order to best serve the needs of my child, I give permission to the LPP staff to obtain and review records (i.e. report cards, class schedules, transcripts, etc.) necessary to complete New York State reports, share information with personnel and/or agencies, and administer tests and assessments to be used in planning appropriate support services for my child. I also understand that on occasion it may be necessary for LPP staff to transport my child to resources outside of their school building. I also give my permission for LPP staff to transport my child to or from school when necessary.

Therefore, I authorize **Gowanda Central Schools**, or any school served by a Liberty Partnerships Program that my child may attend, to release my child's records to authorized LPP staff. *Confidentiality will be observed at all times.* I understand that this authorization releases the schools from any legal responsibilities that may arise from this act.

Parent or Guardian with whom the student lives (Please Print)

Father: _____
First Last

Mother: _____
First Last

Address: _____

Phone: _____
Contact No.1 Contact No.2

Email: _____

Signature: _____
Parent/Guardian

Student Information (Please Print)

Name: _____
First MI Last

Birth Date: ____/____/____ Age: ____ Gender: Male Female Non-Binary Grade: ____

Signature: _____
Student's Signature

This form must be signed by BOTH the student AND a parent or guardian who is legally responsible for the child.

For LPP Staff Use ONLY

Date Received: ____/____/____ Director: _____ Advocate: _____
