



Reading • Writing • Succeeding

Center for Literacy and Reading Instruction

17 Baldy Hall, University at Buffalo
Dr. Mary McVee, Director

716.645.2470
Dr. Ashlee Campbell, Assoc. Director

When the Center for Literacy at the University at Buffalo is working with a child, the services we render are likely to be more effective when there is a free flow of information between that child's school and the Center. However, the Center respects the child's and parents' right to privacy, and we will not proceed to communicate with others about a child until permission is granted by that child's parents for us to do so.

The following form authorizes your school to convey information to the Center for Literacy and for the staff of the Center to speak with the teachers and other professional school staff working with that child.

Instructions to Parents for Completion of the School Information Form

1. **Print your child's name in the appropriate space in the first line of the Parent Authorization Form for Release of School Information that follows.**
2. **Sign at the bottom of this Parent Authorization Form for Release of School Information.**
3. **Forward this signed Parent Authorization Form for Release of School Information and the attached School Information Form to your child's school. The school will complete the School Information Form, and mail it directly to the Center for Literacy.**

PARENT AUTHORIZATION FORM FOR RELEASE OF SCHOOL INFORMATION

The parents of _____ have applied to the Center for Literacy of the University at Buffalo for a diagnosis of their child's reading abilities. Responses to the information requested in the School Information Form will be useful to the clinical staff of the Center for Literacy in their evaluation of this student's reading abilities. Below you will find the permission given by the parents for you to complete this form. You may detach this page and save it for your records if necessary.

I (we) hereby grant permission to my child's school to release to the Center for Literacy at the University at Buffalo all information or test results related to my child

that the school processes (e.g., teacher comments, achievement test scores, psychological reports, etc.) and for staff of the school to speak with Center staff regarding my child and my child's academic and social status.

Sign Here _____
Parent or Guardian Date

Instruction to School Personnel for Completion of the School Information Form

It is recommended that all professional staff closely affiliated with the student's instruction contribute to this information request---especially the child's regular classroom teacher and reading or resource room teacher(s). If the student has had school psychological evaluation(s), please include a copy of the report(s) of the evaluation(s) with this form (the release form on the cover provides parental permission for release of such a report).

Mail the completed School Information Form (and, if there is such, a copy of all Psychological Reports) to:

Dr. Ashlee Campbell, CLaRI Associate Director
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University at Buffalo
Buffalo, NY 14260-1000