

MAMARONECK UNION FREE SCHOOL DISTRICT

DR. NORA MAZZONE Asst. Superintendent for Student Support
Services

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Mamaroneck, NY 10543 Tel. 914
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**Consent to Share
Information**

I hereby authorize _____ to share all IEPs, records, evaluations
and reports on my child, _____ with the Mamaroneck Union Free
School District.

Signature _____

Printed Name

Address

Date _____