



CASE # _____
STUDENT'S OSIS/NYCID # _____

IMPARTIAL HEARING OFFICE - CONFIDENTIALITY RELEASE FORM

I authorize _____* to assist me in representing my child,
 _____(date of birth ____/ ____/ _____) at the impartial hearing.

I grant permission to the Impartial Hearing Office to communicate with the above-named person and to allow that person to receive and to view any materials related to this case. This authorization is valid until the conclusion of the case or the date I withdraw my consent, whichever is earlier.

_____		_____	
PARENT/ GUARDIAN NAME (PLEASE PRINT)		PARENT/ GUARDIAN SIGNATURE	
_____		_____	
STREET ADDRESS/ APT NUMBER		CITY, STATE, ZIP CODE	
_____	_____	_____	
DATE	PHONE NUMBER	EMAIL	

THE STATE OF NEW YORK
 COUNTY OF _____

On the _____ day of _____ in the year _____ before me, the undersigned personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity and that by his/her/their signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

 NOTARY PUBLIC SIGNATURE

Please provide the following information (print legibly):

Representative's Address: _____
 Telephone Number: _____ Email Address: _____

RETURN THIS COMPLETED FORM TO THE IMPARTIAL HEARING OFFICE	
EMAIL:	IHOQuest@schools.nyc.gov (preferred)
FAX:	718-391-6181
MAIL:	131 Livingston Street - Room 201, Brooklyn, NY 11201