

Deena Abbe, PhD  
Children and Family Practice

**Consent for Release/Exchange of Student Records and Information**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby give permission to release/exchange copies of and/or share information contained within the Student's school student records listed below:

\_\_\_\_\_ **All School Student Records**, including but not limited to:

Cumulative-permanent record, special education records, grade reports, discipline records, health records, attendance records, test scores, copy of birth certificate, etc.

\_\_\_\_\_ **All Special Education Records**

\_\_\_\_\_ **Specific School Student Records** (checked below):

_____ Medical Information	_____ Social Histories	_____ Psychological Evaluations
_____ Psychiatric Evaluations	_____ IEP	_____ Speech/Language Evaluations
_____ Health/Attendance records	_____ Birth Certificate	_____ Physical Therapy Evaluations
_____ Test Scores	_____ Occupational Therapy Evaluations	
_____ Cumulative-Permanent Record		_____ Copy of Physical for Athletics
_____ Other: _____		

\_\_\_\_\_ **Other** (Specify): \_\_\_\_\_

This information is to be released/exchanged between:

School/Agency: \_\_\_\_\_

Deena Abbe, PhD

Address: \_\_\_\_\_

**AND** 356 Veterans Memorial Highway, Ste 6  
Commack, NY 11725

Attn: \_\_\_\_\_

Attn: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_

E-mail: [dabbephd@gmail.com](mailto:dabbephd@gmail.com) Telephone: 631-656-6055  
Address: 356 Veterans Memorial Highway, Suite: 6,  
Commack, New York 11725