

**Arlington Central School District**  
**Office of Human Resources**

696 Dutchess Turnpike  
Poughkeepsie, NY 12603  
845-486-4460

**MEDICAL INFORMATION/RECORDS RELEASE AUTHORIZATION**

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Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (street, city, state) \_\_\_\_\_  
\_\_\_\_\_

**Please release my information and/or medical records from:**

Name of provider \_\_\_\_\_  
Provider's address \_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_

**Release of information and/or medical records to:**

School Physician of Arlington Central District  
Dr. Charles Faverio, M.D.  
The Workplace  
243 North Road, Suite 103  
Poughkeepsie, NY 12601

I hereby authorize the above named provider to discuss my medical condition with the physician named above who represents the Arlington School District. I also authorize my physician to release any records requested by said physician, including but not limited to, progress notes, operative notes, laboratory test results, diagnostic tests, and x-rays. Additionally, I give permission to Dr. Faverio to speak with his employer in the Arlington Central School District about my medical condition.

\_\_\_\_\_  
Patient's Signature Date

Please forward a copy to your physician and return the original to Dr. Edward Lynn, Associate Superintendent, Arlington Central School District, 696 Dutchess Turnpike, Poughkeepsie, NY 12603