**HANCOCK CENTRAL SCHOOL 5191-E**

 **STUDENTS WITH HIV-RELATED ILLNESS EXHIBIT**

**Authorization for Release of Confidential HIV\*
Related Information to the Superintendent of
Approved by: Schools and the Board of Education**

The University of the State of New York Education Department

Approved by:

New York State Department of Health
OC-1 (6/89)

Confidential HIV Related Information means any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.
Under New York State Law, except for certain people, confidential HIV related information can only be given to persons you allow to have it by signing this form. You may ask for a list of people who can be given confidential HIV related information even without this form.
If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time.
- If you experience discrimination because of the release of HIV related information, you may contact the New York State Division of Human Rights at (212) 870-9624 or the New York City Commission of Human Rights at (212)
*566-5493.* These agencies are responsible for protecting your rights.

*Name and addresses of the superintendent of schools and individual members of the Board of Education (Board of Trustees) of the above named school district who will be given HIV related information:*Reason for release of HIV related information

To approve the recommendation of the Hancock Central School District CSE as required by law. Other (explain in full, use additional sheet(s) if necessary

Time during which release is authorized FROM: TO:

My questions about this form have been answered. I know that I do not have to allow release of HIV related information, and that I can change my mind at any time.

Signature Date

ADOPTED: 10/12/93