



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-4820 - FAX (518) 447-4855
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

**DIVISION FOR CHILDREN WITH SPECIAL NEEDS
COMPREHENSIVE EVALUATION SERVICES
PERMISSION TO EVALUATE**

Date: _____

Child's Name: _____ DOB: _____

I, (We) _____,
(Parent, Guardian)

give permission for _____ to be evaluated by:

**Albany County Department for Children, Youth and Families
Comprehensive Evaluation Services
112 State Street, Suite 300
Albany, NY 12207
(518) 447-4820**

I, (We) understand the results of the evaluation will be fully shared with me (us).

Date

Parent/Guardian Signature

