Your School/District ______________________________ SpEd 12 04.08

Your City ______________________________

Consent for Disclosure of Confidential Information

Student's name: ______________________ **Date of consent:** ______________________

Date of birth: ______________________

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above named student.

______________________	**AND**	______________________
Name and title of school staff representative		Representative/Agency
______________________		______________________
Name of school		Name of Representative /Agency
Address:		Address:
FAX #: ______________________		FAX #: ______________________

RECORDS TO BE RELEASED/DISCLOSED

☐ Independent Evaluations, Medical Records, Psychiatric Evals.

☐ Vocational Testing. ITP

☐ Other Records of outside agency ______________________
Name of Outside Agency

PURPOSE OF RELEASE/DISCLOSURE

☐ To assist the IEP committee in educational planning

☐ Other ______________________

Please check the appropriate boxes below.

☐ Yes ☐ No I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This information will be disclosed upon receipt of my written consent.

☐ Yes ☐ No I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive (i.e., It does not negate an action that has occurred after the consent was given and before the consent was revoked).

☐ Yes ☐ No I give my permission for the identified records to be released/disclosed to the above named person(s) / agency(ies).

______________________ ______________________
Signature of Parent, Guardian, Surrogate Parent or Adult Student Date

______________________ ______________________
Signature of Interpreter, if used Date

Please return this form to:

______________________ at: ______________________
School Staff Representative School

For More Information Call:

______________________ at: ______________________
School Staff Representative Telephone Number