

**School's Name**

**Consent to Exchange Confidential Information**

I, \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_, (student's DOB) \_\_\_\_\_, student at (school's name) \_\_\_\_\_, hereby give permission to:

Name, Title:  
Agency/Address:  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To receive/exchange information from/with:

Name, Title:  
Agency/Address:  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For the purpose of exchanging information:

Other: \_\_\_\_\_

At:

Other: \_\_\_\_\_

Information to be disclosed includes:

- |  |   |
|--|---|
| <input type="checkbox"/> Teacher Questionnaires                  | <input type="checkbox"/> Teacher Observations/Suggestions       |
| <input type="checkbox"/> Current Academic Performance Data       | <input type="checkbox"/> Professional Observations/Suggestions  |
| <input type="checkbox"/> Social/Emotional/Behavioral Functioning | <input type="checkbox"/> Academic Work Samples                  |
| <input type="checkbox"/> Professional Evaluation Reports         | <input type="checkbox"/> Standardized Test Results              |
| <input type="checkbox"/> Records of Conferences/Interventions    | <input type="checkbox"/> Student Support Plans, IEPs, 504 Plans |
| <input type="checkbox"/> Other: _____                            | <input type="checkbox"/> Other: _____                           |

This consent will remain in effect from \_\_\_\_\_ to June \_\_\_\_\_ unless otherwise stated by me.

**I understand this information will be kept in strict professional confidence, and will only be released to those with immediate need, for the strict purpose of educational planning for my child. I also understand that I may revoke this consent at any time.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

I hereby request this consent is revoked effective:  
Authorized school personnel receiving the revocation:

Initials: \_\_\_\_\_  
Date: \_\_\_\_\_