



**CONSENT FOR DISCLOSURE OF PERSONALLY IDENTIFIABLE INFORMATION**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give consent to the person(s) and/or organization(s) listed below to release and/or exchange information regarding the above named person.

1. Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION TO BE DISCLOSED**

Information disclosed to the school may become a part of the educational record of the student and available for parental review.

- |                           |                              |
|---------------------------|------------------------------|
| CA-60 File                | Occupational Therapy Reports |
| IEPT Reports              | Physical Therapy Reports     |
| MET Reports/Re-Evaluation | Speech Therapy Reports       |
| Medical Reports           | Teacher Reports              |
| Psychological Reports     | Other: Specify _____         |

**PURPOSE OF THE DISCLOSURE**

Educational Planning  
Other: Specify \_\_\_\_\_

**Consent is voluntary and may be withdrawn in writing at any time.**

I        do        do not    request a copy of the records being disclosed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Relationship:
- Parent
  - Guardian
  - Eligible Student