

SONOMA COUNTY SELPA

CONSENT TO RELEASE OR EXCHANGE INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____

DISTRICT/SCHOOL: _____

Written parental consent shall be obtained before personally identifiable information is disclosed in writing or orally to anyone other than authorized employees specified by the school district. You need to know that:

- You choose which agencies shall exchange information.
- You may refuse to sign this exchange form.
- Information about your child and family is strictly confidential. Your child's school maintains records specifying the source of the information, the date and purpose of any disclosure, and with whom information was shared.
- These records will help in evaluation, assessment and IEP development for your child.
- You have the right to review records.
- Your rights are preserved under: Title 34 Code of Federal Regulations; Family Education Rights Privacy Act of 1974, Title 20 of the United States Code, Section 1232 (g), Title 34 Code of Federal Regulations, Section 99.
- This consent is good for one year unless you withdraw your consent before that time.

I give permission for _____ to exchange information relevant to my child's educational needs with the following agency/agencies. Please initial the box(es) below to permit the exchange of information about your child with the specified agency/agencies.

_____	_____	_____
Phone #	Fax #	Name of Professional or Agency
_____	_____	_____
Phone #	Fax #	Name of Professional or Agency
_____	_____	_____
Phone #	Fax #	Name of Professional or Agency
_____	_____	_____
Phone #	Fax #	Name of Professional or Agency
_____	_____	_____
Phone #	Fax #	Name of Professional or Agency
_____	_____	_____
Phone #	Fax #	Name of Professional or Agency
_____	_____	_____
Phone #	Fax #	Name of Professional or Agency
_____	_____	_____
Phone #	Fax #	Name of Professional or Agency

A photocopy of this form shall be as valid as the original. I understand that I am to receive a copy of this authorization.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Please return information to:

District Name: _____

Address: _____

Attention: _____

Phone: _____

Fax: _____