



**CONSENT FOR INFORMATION EXCHANGE**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Facilities/schools exchanging information:

_____	_____
_____	_____
_____	_____
_____	_____

I, \_\_\_\_\_, hereby authorize the above-named facilities to exchange specific information concerning the above-named child.

This data shall include: observational, adaptive, behavioral/emotional, psychological, health/medical, psychiatric, educational, social/developmental, audiological, vision, fine and gross motor, speech/language and vocational.

The purpose of exchanging this data shall be for diagnostic/educational purpose only.

I understand that I may revoke this consent at any time, except to the extent that action based on this consent has been taken.

This authorization is fully understood and is made voluntarily on my part.

Signed: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Witness: \_\_\_\_\_

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