

# Release and Exchange of Information



A parent consent for release and exchange of information

## DATE

## IDENTIFYING INFORMATION

Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

## AUTHORIZED RECIPIENTS AND DISCLOSERS WITH THE FOLLOWING SCHOOL DISTRICT

School District

American Printing House for the Blind

California Children Services

California Pacific Medical Center

Golden Gate Regional Center

Kaiser Hospital

Marin County Health and Human Services

Marin County Behavioral Health

Marin County Community Clinic

Marin County Child and Family Services

Marin County Juvenile Probation

Marin General Hospital

University of California - Berkeley Low Vision Clinic

University of California - San Francisco Medical Center

Physician

Psychologist/Counselor

Marin County Special Education Local Plan Area

Marin County Office of Education

District

District

District

District

Non Public School

Non Public School

Non Public School

Non Public Agency

Non Public Agency

Private School

Occupational Therapist

Physical Therapist

## PURPOSE/LIMITATIONS ON USE

I understand that the purpose of the release and exchange of information is to provide information to assist the IEP team in making a comprehensive educational assessment and in planning an educational program.

## AMOUNT/KIND OF INFORMATION

The information to be released and exchanged shall include medical, social, psychological, and/or educational information.

The information to be released and exchanged shall be limited to: \_\_\_\_\_

## EXPIRATION/REVOCATION AND RIGHT TO COPY

I understand that I may revoke this consent at any time except to the extent that action has been taken on it, and that in any event, this consent expires one year from the date signed. I understand that records used by the IEP team become part of the student's school record and shall be available to parents upon request.

## CONSENT

I hereby give my permission for the agencies/individuals/schools/districts listed above to exchange information regarding the above named student.

I hereby give my permission for the agencies/individuals/schools/districts listed above to exchange information regarding the above named student with the exception of: \_\_\_\_\_

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

Print or Type Name \_\_\_\_\_

## PLEASE KEEP A COPY FOR YOURSELF AND SEND THE ORIGINAL TO:

Case Manager

Email

School

Address

City, Zip