

AUTHORIZATION TO SHARE STUDENT INFORMATION
- BETWEEN AND AMONG PARENTS/SCHOOL DISTRICT/OUTSIDE AGENCY -
(to be obtained annually to accompany the ABA SW request form/confirmation of service document)

Date: _____

Student Name: _____ D.O.B. _____

PEN: _____ School Name: _____

Name of Individual / Agency: _____ Phone: _____

I, _____, hereby authorize
(Parent / Legal Guardian)

_____, and members of my
(Name of Individual/Agency)

childs educational team to share information regarding my child for the following purpose(s):

- Work collaboratively to develop and implement my child's educational program
- Confirm service
- Other _____

I understand that permission to share information begins _____, 20__ and ends _____, 20__ (1 year).

I understand that I may cancel my consent at any time during the year.

As parent/legal guardian I, _____, understand that I am responsible for paying the individual/agency for any costs associated with information sharing.

Signature of Parent / Legal Guardian

Date

As an individual or representative of the following agency _____, I understand that it is my responsibility to confirm with the above named parents, any costs associated with information sharing.

Signature

Date

Classroom Teacher Signature

Integration Support Teacher Signature

Principal Signature