

PARENTAL PERMISSION FOR EXCHANGE OF INFORMATION

AGENCY/NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

The above agency has permission to exchange information to assist in determining educational needs for:

NAME: _____

BIRTH DATE: _____

With the following agency:

AGENCY/NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

The following items are being requested:

The information will not be released to a third party without parental permission.

Signature of Parent/Guardian

Address: _____

Date: _____