



PERMISSION FOR EXCHANGE OF INFORMATION

Name of Child/Student: _____

Date of Birth: _____

I give permission for the agencies listed below to release and exchange information to assist my child's/my successful education. I understand that the information will only be used by the Department for Education and Child Development to plan the most appropriate program to assist my child's/my education and that all information will be treated with respect for me and my child's/my privacy.

Agency

Information being sought

Parent/Guardian/Student:

(signature)

(print name)

(date)