

CONSENT FOR RELEASE AND / OR EXCHANGE OF INFORMATION



**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Parent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**School Name:** \_\_\_\_\_ **USD #** \_\_\_\_\_

I HEREBY CONSENT TO THE RELEASE AND/OR EXCHANGE OF MOST RECENT:

_____ Speech & Language Information	_____ Family Assessment
_____ Audiological Assessment	_____ School Records/Reports
_____ Medical Information	_____ Social/Psychological Evaluation
_____ Discharge Summary	_____ Individual Educational Program-IEP/IFSP
_____ Intake/Admission Report	_____ Screening Results
_____ Exchange of Information over Telephone	_____ Other

I, the undersigned, do hereby authorize Keystone Learning Services to \_\_\_\_\_ receive from \_\_\_\_\_ disclose to:

Name/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

The purpose of this request is: \_\_\_\_\_

I understand the information obtained will not be transmitted to another party without my specific written consent or as otherwise permitted by federal regulations. (Title 45, Part 99.30-99.37) This consent will remain in effect until it is revoked in writing by me. I have the right to revoke this consent at any time.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)                      (Relationship to student)                      (Date)

Upon request, the District discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. FERPA permits such disclosure to school officials with legitimate educational interests.

Revised 7/13/11