

PARENT/GUARDIAN CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION FOR STUDENTS WITH AN IEP (Individualized Education Plan) or 504 plan

IDENTIFYING INFORMATION: Student Name
Date of Birth

AUTHORIZED RECIPIENTS AND DISCLOSURES WITH THE
BOLINAS - STINSON SCHOOL DISTRICT

PURPOSES/LIMITATIONS ON USE

I understand that the purpose of the release and exchange of information is to allow the IEP team to support the after school programs' coordinators / facilitators in understanding the students' emotional and educational needs. This information will be used to create more targeted strategies to include the student in ways that are encouraging and within their skill set, enabling and empowering them to succeed.

AMOUNT/KIND OF INFORMATION

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

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

I consent for information to be released to the above recipients with the exception of:

EXPIRATION/REVOCAION 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.

Parent / Guardian Signature

Date

PLEASE KEEP A COPY FOR YOURSELF AND RETURN THE ORIGINAL TO:

% Mechelle Cattel / Resource

Bolinas-Stinson School

125 Olema Bolinas Road

Bolinas, CA 94924