

St. Lucie Public Schools
Exceptional Student Education
Consent for Mutual Exchange of Information
(772) 429-3600

Your consent to this mutual exchange of information will help in providing coordination of transition services for your child. The information to be exchanged may include:

- Psychological Reports
- Health and Medical Reports
- Social and Developmental Reports
- Vision and Hearing Reports
- Audiology Reports
- Speech and Language Reports
- Occupational and Physical Therapy Reports
- Individual Educational Plans
- Rehabilitation Plans
- Other relevant information

Any exchange of information that would identify your child would only be made in order to provide appropriate services. Should you need additional information, please contact :

Name:	Telephone Number:
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I hereby authorize the exchange of information and records pertaining to the student named below with the St. Lucie County School District, The Department of Children and Families, The Division of Vocational Rehabilitation, Indian River Community College, Developmental Services, The Division of Blind Services, The ARC, physicians, psychologists, etc., that have had or may have significant contact with my child.

INFORMATION WILL NOT BE DISCLOSED TO ANY PARTY OTHER THAN THOSE PERSONS WITH A LEGITIMATE EDUCATIONAL INTEREST WITHOUT PRIOR WRITTEN CONSENT OF THE PARENT OR LEGAL GUARDIAN.

I hereby certify that I am the parent or legal guardian of the child named below, or that I am the student of majority age and have authority to sign this release.

Student Name: _____	Date: _____
Date of Birth: _____	I.D.# _____

Signature

Date

Address

City

Zip Code