

Parent Consultant Directory Consent Form

Thank you for agreeing to participate in the directory. Please fill out this consent form as completely as possible and return by February 27, 2004. Because this involves your signature, we need a "hard" copy of this so please mail it or fax it back to us.

Parent Name(s): _____

Home Address: _____

City: _____ County: _____

Zip Code: _____

Phone Numbers: Home: _____ Work: _____
Cell: _____

E-Mail Address(es): _____

Fax (if available): _____

Please indicate your consent for the following:

_____ I give my permission to include the information provided on the Biographical Form in the Parent Consultant Directory, a project funded by the Wisconsin Department of Public Instruction's State Improvement Grant and the Waisman Center University Center for Excellence in Developmental Disabilities for the years 2004-2007.

_____ I would like to be included in the Waisman Center's Family Action Network mailing list to receive valuable information for families with children with special needs.

Name: _____ Date: _____

Please return this to :

Waisman Center
c/o Mary Shaw
Room A109
1500 Highland Avenue
Madison, WI 53705-2280

Or Fax it to us at: 608-265-3441 attention: Mary Shaw