

**CONSENT FOR EXCHANGE OF INFORMATION
WITH LOCAL EDUCATIONAL AGENCY**

Completion of this consent form is voluntary and authorizes the release of information described in Section 1 below. Failure to complete this form will result in agencies being unable to share information and therefore may result in failure to refer your child for appropriate services.

Name – Child (First, Middle, Last)	Date of Birth (mm/dd/yyyy)
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Address – Child (Street, City, State, Zip Code)

Name(s) – Parent(s)

Agencies authorized to exchange verbal and written early intervention information/records regarding the above-named child for the purpose(s) listed below.

Local Educational Agency (LEA)	Birth to 3 Program
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone Number	Telephone Number

SECTION 1 Consent to Release Records

The Birth to 3 Program listed above is given consent to share information regarding my child to the Local Educational Agency (LEA) listed above. I understand the Birth to 3 Program will disclose information to the LEA that consists of my child's name, date of birth, parental contact information, and with this consent:

1. The Birth to 3 program listed above is given consent to release information about the services my child and family has received and the location of those services, and child outcomes at exit.
2. My consent allows the Birth to 3 program to send a copy of the following early intervention records to the LEA listed above: Individualized Family Service Plan, Birth to 3 Evaluation Reports (occupational, physical, speech, special education), progress notes/plan of care and other records as specified here:

I understand the purpose for the referral is to assist with a transition to services my child may be eligible to receive at age three, which includes: Informing the LEA that my child may have a special education need; providing information to the LEA to help decide if additional evaluation(s) are necessary to determine my child's eligibility for special education services; requiring the LEA to notify me that the school district has received a referral to evaluate my child to determine whether he/she has a disability and needs special education services (the LEA will not conduct additional testing without my consent); and other purposes as specified here:

SECTION 2 Communication Between DHS and DPI

I understand having given this consent that the Birth to 3 Program listed above will release all records listed above for my child through the Wisconsin Department of Health Services (DHS) to the Local Educational Agency listed above to which the child seeks or intends to enroll and to the Wisconsin Department of Public Instruction (DPI) as allowed by 34 CFR 99.31

SECTION 3 Rights

This authorization is valid for one calendar year and expires on _____ [insert date].

I understand that I may revoke this consent, in writing, at any time except for information already released as a result of this consent. The written notice of the withdrawal of my consent must be given to the agency/organization I authorized to release information. I may also limit the release of additional records listed above by crossing out and initialing records I do not wish to send; However, I understand that limiting the records released may affect the process for determining my child's eligibility for services through the LEA.

The information that I authorized to be released may be re-disclosed by the recipient of the records only if allowed by law. If information is re-disclosed, the recipient of the re-disclosed information may be controlled by different laws.

I understand I have a right to inspect and obtain a copy of the disclosed records.

SIGNATURE – Parent	Date Signed
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