

## Parent Consultant Directory Consent Form

We are interested in adding names of parents/families to the Parent Consultant Directory database. If you are interested, please complete this form and submit to the address noted below.

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 to:

Waisman Center  
c/o Mary Shaw  
Room S101  
1500 Highland Avenue  
Madison, WI 53705-2280

If you have questions, contact Lynn Havemann at 263-5947 or e-mail [havemann@waisman.wisc.edu](mailto:havemann@waisman.wisc.edu)

