

CONSENT FOR EXCHANGE AND RELEASE OF INFORMATION

I hereby give permission for the mutual exchange of confidential student information

between _____ School District and:

_____ **SD Division of Rehabilitation Services (Vocational Rehabilitation) and/or**

_____ **Other Agency (ies)** _____

(Initial those that apply)

Regarding: _____ (student's name) _____ (birth date)

Purpose of disclosure:

_____ For invitation to the student's Individual Education Program (IEP) meetings

_____ Releasing records for eligibility determination:

Which may include information regarding history, psychological and multi-faceted evaluations, scholastic achievement, health records, functional performance, attendance, educational placement, and Individual Education Programs.

_____ Other: _____

THIS FORM WILL BECOME PART OF THE STUDENT'S EDUCATIONAL RECORD AND SHALL BE VALID FOR ONE YEAR.

Consent:

ARSD 24:05:30:17. Consent. "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

Parent Signature

Date

Student Signature

Date