

This form is completed and signed by the parent or legal guardian of a child enrolled in center-based FACE **only when it is necessary** for FACE staff to share documents with other service agencies for purposes of assessing additional screening/assessments, special needs or IEP services.



## Permission to Exchange Information - Child

Parent or Legal Guardian Name \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize \_\_\_\_\_

(Insert Early Childhood Teacher's name and Name of FACE Program)

and \_\_\_\_\_

(Insert name, address and phone number of person or agency/organization with whom information is being exchanged)

to exchange assessments/information/records for the purpose of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of information being exchanged: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ (insert date). I understand that I may revoke this authorization at any time by notifying my child's teacher or the FACE Coordinator in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name