

This form is completed and signed by the adult enrolled in center-based FACE **only when it is necessary** for FACE staff to share documents with other service agencies or other educational institutions.



Permission to Exchange Information: Adult Education

Name: _____ Date of Birth: _____

I hereby authorize _____

(Insert Adult Education 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 adult education teacher or the FACE Coordinator in writing.

Signature

Date

Print Name