

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