Parent Permission for Center on Disability and Community Inclusion Services

I give permission for my child’s **educational team to exchange information with members of the Center on Disability and Community Inclusion (CDCI)**. CDCI members have permission to access my child’s educational records, and to share information on my child with other CDCI members. I understand that there is no cost to the family for these services, and that strict confidentiality will be observed. I have given input regarding my priorities for CDCI assistance, and understand that the school will keep me informed of all CDCI visits/reports on behalf of my child.

Child Name: ________________________________

School Name: ________________________________

Please Print Parent or Guardian Name: ________________________________

Parent or Guardian Signature: ________________________________ Date: ________________

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Parent Release of Information Form

If your child receives other medical and/or educational services that would further assist CDCI members with program recommendations please review the release of information below:

I hereby give permission for the Center on Disability and Community Inclusion to exchange information regarding the child named below to the following individual(s), agency, or organization named below. Pursuant to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), the Center on Disability and Community Inclusion does not permit the exchange or release of educational records to third parties without written consent from the child’s parent or guardian.

Child Name: ________________________________

Agency Name: ________________________________

Other: ________________________________

Please Print Parent or Guardian Name: ________________________________

Parent or Guardian Signature: ________________________________ Date: ________________