

Date sent: \_\_\_\_\_

**KELLER SPECIAL SERVICES**  
**350 KELLER PARKWAY - KELLER, TX 76248**

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**

STUDENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above named student.

**AND**

\_\_\_\_\_  
Name and Position of School Staff Person

\_\_\_\_\_  
Person/Agency

\_\_\_\_\_  
Name of ISD/Special Education Cooperative

\_\_\_\_\_  
Name of Person/Agency

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
FAX #:

\_\_\_\_\_  
FAX #:

RECORDS TO BE RELEASED/DISCLOSED	PURPOSE OF RELEASE/DISCLOSURE
<input type="checkbox"/> FIE, ARD, IEP, and any other Special Ed. Records	<input type="checkbox"/> To assist the ARD committee in educational planning
<input type="checkbox"/> Vocational Testing	<input type="checkbox"/> To assist outside person / agency in providing noneducational support.
<input type="checkbox"/> Records of outside agency;	<input type="checkbox"/> Other
<input type="checkbox"/> Other	

Please check the appropriate boxes below. For more information please call:

\_\_\_\_\_ at: \_\_\_\_\_  
School Staff Person Telephone Number

Yes  No

I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This information will be disclosed upon receipt of my written consent.

Yes  No

I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive (i.e. It does not negate an action that has occurred after the consent was given and before the consent was revoked).

Yes  No

I give my permission for the identified records to be released/disclosed to the above named person(s) / agency(ies).

\_\_\_\_\_  
Signature of Parent, Guardian, Surrogate Parent, or Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interpreter, if used

\_\_\_\_\_  
Date

Please return this form to \_\_\_\_\_ at \_\_\_\_\_ as soon as possible.  
School staff person School