

**NORTH CENTRAL KANSAS SPECIAL EDUCATION COOPERATIVE**  
PERMISSION TO RELEASE / EXCHANGE CONFIDENTIAL INFORMATION

Information to be exchanged between the following agencies;

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City            State            Zip	City            State            Zip

I hereby authorize the disclosure of information checked below from the records of:

_____	_____
Name	Date of Birth
IEP	
Evaluation results/ reports	
Pertinent school/special education record	
Social History and/or Family History	
Other (specify)_____	

It is understood that this information will be used for the purpose of evaluation and program placement.

I understand I may revoke this consent at any time except for information that has already been sent. Unless I revoke it earlier, this consent will expire: (check one)  
upon receipt of information or      1 year after the date entered below.

\_\_\_\_\_  
Date

_____	_____
Signature of Parent or Legal Guardian	Witness

**(Because education records include personally identifiable information, they may not be released to another agency or organization without parent consent, according to FERPA requirements. However, when a student transfers to another school, education records may be forwarded without student or parent consent if the FERPA notification has been provided annually to parents.)**