CONSENT TO EXCHANGE INFORMATION

General Release and Exchange of Confidential Information

Contact Information of Sending Agency

Name		Telephone	
Address		Fax	
		Email	
I giveSending Agency	and	Desciona Assura	permission to exchange
Sending Agency		Receiving Agency	
the information requested below abo	out my child	d Child's Name	
Information Requested:			
mormation requested:			
Conta	ct Informati	ion of Receiving Agend	cy
Name		Telephone	
Address		Fax	
		Email	
By granting consent, I understand the obtain the best services for my child understand that this consent is valid	l and/or wou	ld be helpful to personn	el at my child's school. I
understand that this consent is valid	Date		·
Cianatuma of Domant/Cuandian		Data	
Signature of Parent/Guardian		Date	

Original: Maintained by sending agency Copy to parent Copy to receiving agency