

Name: _____

DOB: ____/____/____ IFSP: ____/____/____

Authorization to Release and Exchange Records between Early Intervention and the Local School District

This release and exchange will allow Baby Watch Early Intervention to inform the school district special education program about my child's participation in early intervention services and the local school district will inform Baby Watch Early Intervention regarding my child's eligibility for special education services.

I authorize _____ to release my child's early intervention record to the following school district and for the school district to inform early intervention of my child's eligibility for special education services:

I understand that I may revoke this request in writing at any time.

(Name of School District)*: _____

(Address): _____

Signature of Parent or Guardian

Date (mm/dd/yyyy)