

Allegheny County Public Schools

Two-Way Consent to Exchange Information

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide those services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services for my child.

I, _____, am signing this form for _____
(Full Printed Name of Parent/Guardian/Surrogate) (Full Printed Name of Student)
 residing at _____ Date of Birth _____
(Student's Address)

My relationship to this Student is: Parent Power of Attorney Other Legally Authorized Representative

I want the following confidential information about the client (Excluding drug or alcohol abuse diagnoses or treatment information) to be exchanged:

- | | | | | | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |

I agree to an exchange of information between the following individuals or agencies:

Allegheny County Public Schools <hr/> Agency/ Individual Name <u>PO Drawer 140, Low Moor, VA 24457</u> <hr/> Address (540) 863-1809 FAX (540) 863-1822 <hr/> Phone and FAX Numbers	<hr/> Agency/ Individual Name <hr/> Address <hr/> Phone and FAX Numbers
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and all Allegheny County Public Schools personnel who would be involved in serving my child.

I want this information exchanged ONLY for the following purpose(s):

- Eligibility Determination
 Provision of IEP or 504 Services
 Other (Write in): _____

I want information to be shared (check all that apply): In Writing In Meetings
 Phone Computer

This consent is good for one year from the date consent is granted; however, I can withdraw this consent at any time by telling the agencies involved.

Parent/Guardian/Surrogate Signature: _____ Date _____

Person Explaining Form: _____ Date _____