
CENTRAL MONTANA LEARNING RESOURCE CENTER COOPERATIVE

215 7th Avenue South
Lewistown, MT 59457

Director (406) 535-7454
Staff (406) 535-9012

Consent for Exchange of Information

I hereby give permission for exchange of information and records between _____
and _____. Completion of this form indicates my understanding and release
to the identified entity or individual in accordance with FERPA, 20 U.S.C. § 1232g(b)(2)(A).
I request do not request a copy of the files transferred to be sent to me.

Please include the following records:

Evaluation Report
IEP
Psychological Report
Speech/Language Report
Physical Therapy Report
Occupational Therapy Report
Medical Report
Audiological Report
Vision Report
Other _____

From the records of:

Name

Signature of Person Giving Consent

Birthdate

Relationship

Date

FOR OFFICIAL USE ONLY

Consent form received on _____ (date) by _____ (official).

Relationship to student confirmed or not confirmed. *If confirmed, the request must be **disapproved**.* If disapproved, the reason for disapproval is _____

Transfer approved or disapproved on _____ (date) by _____ (school official).

Transfer completed on _____ (date) by _____ (school official).

Parent notified of transfer on _____ (date).

SERVING SPECIAL STUDENTS IN
FERGUS, WHEATLAND, GOLDEN VALLEY, PETROLEUM, MUSSELSHELL AND
JUDITH BASIN COUNTIES