

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Student Name: _____ **DOB:** _____

As parent(s)/legal guardian(s) of the student listed above, I (we) authorize that:

- the specialist/agency listed below release a copy of my child's evaluation report, ISP or similar accommodations plan, and/or other pertinent information concerning my child's special need to St. Dominic High School;
- the specialist/agency listed below request and St. Dominic High School provide information required for diagnostic evaluation, educational planning, or monitoring progress;
- St. Dominic High School request and the specialist/agency listed below provide information required for educational planning or monitoring progress; and,
- a representative of the school participate in evaluation, ISP, and/or similar conferences.

Signature of Parent(s) or Legal Guardian(s)

Date

Name of Specialist or Agency _____

Affiliation _____

Address _____

Phone _____

Fax _____

St. Dominic High School Contact:
Andrew Wilson, Learning Consultant
636.240.8303 ext. 143
awilson@stdominichs.org

*This authorization is valid for one year after the date of signing.