

Consent to Exchange Information with D.S.D. Office of Student & Family Resources

70 E 100 N Farmington, Utah 84025

Phone # 801 402-5159

Family Service Worker: Click or tap here to enter text.

In order to implement strategies and programs to assist you in reaching your goals, we need your consent to communicate with the listed partners below. By identifying them and signing this form, you are giving permission to share information to coordinate case planning activities. If the exchange of information is time limited, or information specific, you can indicate that next to the listed agency. Otherwise, permission to exchange information will expire in one year.

Initials:

1.) Click or tap here to enter text.

Click or tap here to enter text.

2.) Click or tap here to enter text.

Click or tap here to enter text.

3.) Click or tap here to enter text.

Click or tap here to enter text.

4.) Click or tap here to enter text.

Click or tap here to enter text.

5.) Click or tap here to enter text.

Click or tap here to enter text.

List the names and dates of birth for those you identify that information can be exchanged:

1.) Click or tap here to enter text.

2.) Click or tap here to enter text.

3.) Click or tap here to enter text.

4.) Click or tap here to enter text.

5.) Click or tap here to enter text.

Print Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Sign Name: Click or tap here to enter text.