School District of Volusia County, Florida
CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

Student Name____ Student ID☐☐☐☐☐

Date of Birth___________________________SS#____

Your consent to this mutual exchange of information helps provide coordination of services. The information to be exchanged may include:

Psychological Reports	Vocational Assessments	Attendance Information
Services Authorization	Health/Medical Records	Previous School Records
School Records	Discipline Records	Other (specify)______________
Service Summary	Speech/Language Reports	___________________________
Social/Developmental Reports	Audiological Reports	___________________________

Any exchange of information that would identify your child will only be made in order to provide appropriate agency services. Information will not be disclosed without the prior consent of the parent, legal guardian, or adult student.

Information may be shared by:

__☐__ Agency for Persons with Disabilities
__☐__ Children's Medical Services
__☐__ Community Partnership for Children
__☐__ Community/4 Year College
__☐__ Department of Children and Families
- Children and Family Services
- Substance Abuse and Mental Health Program Office

__☐__ Department of Juvenile Justice
__☐__ Division of Blind Services
__☐__ Division of Vocational Rehabilitation

__☐__ Mental Health and Other Services ***i.e.***:
- Children's Advocacy Center
- Children's Home Society
- Devereux Foundation
- Halifax Health Behavioral Services
- Halifax Health Medical Center
- House Next Door
- "Our" Children First
- Stewart-Marchman ACT

__☐__ Trade School/Vocational School
__☐__ Volusia County Health Department
__☐__ Volusia County Schools

__☐__Other(s)____

Authorization Statement and Signature:

I know that I have the right to revoke this consent at any time by giving written notice to the school office and/or contact person. A copy of this consent form with revocation date indicated will be sent to me upon revocation. I authorize the School District of Volusia County, Florida to release or obtain the information specified above to the agency individual above.

Signed: ____Date: ________________
Parent/Guardian/Educational Surrogate

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OFFICE USE:
Consent Revoked______________________
DATE
Confirmation Copy
Sent to Parent ______________________
DATE