



Ann Arbor Public Schools
 STUDENT INTERVENTION & SUPPORT SERVICES
 2555 South State Street
 Ann Arbor, Michigan 48104-6145
 Telephone & TDD (734) 994-2318
 Voice Mail Boxes 994-8292, Fax 994-1826

CONSENT FOR DISCLOSURE OF PERSONALLY IDENTIFIABLE INFORMATION

Name: Last _____ First _____ Middle _____
 Birth Date: _____ Date: _____

I hereby give consent to the persons and/or organizations listed below to release and/or exchange oral and/or written information regarding the person named above to the following Ann Arbor Public Schools staff:

Name/Role: _____ Name/Role: _____
 Name/Role: _____ Name/Role: _____

Name:	_____
Agency:	_____
Address:	_____
Phone:	_____
Fax:	_____

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Name:	_____
Agency:	_____
Address:	_____
Phone:	_____
Fax:	_____

INFORMATION TO BE DISCLOSED:

- | | | |
|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> CA-60 File | <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Physical Therapy Reports |
| <input type="checkbox"/> IEPT Reports | <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Speech Therapy Reports |
| <input type="checkbox"/> MET Reports/Re-Evaluation Reports | <input type="checkbox"/> Occupational Therapy Reports | <input type="checkbox"/> Teacher Reports |
| <input type="checkbox"/> Other: (Specify) _____ | | |

PURPOSE OF THE DISCLOSURE:

- Educational Planning
 Other: (Specify) _____

Consent is voluntary and may be withdrawn in writing at any time.
 I do do not request a copy of the records being disclosed.

 Print Name

 Signature Date

Relationship: Parent Guardian Surrogate Parent Eligible Student

This permission is valid for only one school year and must be obtained annually.