<District Name>

<District Address>

<District Phone>

HO # 7

**Authorization for Release Of Information**

**Authorization to Invite Outside Agency to IEP Meeting\***

Today’s date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s / Adult Student’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby authorize and request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to invite

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to attend the IEP meeting for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ scheduled on \_\_\_/\_\_\_\_/\_\_\_\_\_ in order to discuss transition needs and services.

Personally identifiable information from the following documents in the student’s record may be disclosed as a result of the invitation to participate in IEP development:

* Evaluation Report
* IEP
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Other)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Other)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Signature of Parent/Guardian Date (M/D/Y)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Student Name (if applicable) Signature of Adult Student Date (M/D/Y)

If you have any questions regarding this request, please contact me at the following number \_\_\_\_\_\_\_. Please return completed and signed form in the provided envelope.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Title Date**

**\*Note a separate Authorization is REQUIRED for each IEP meeting held.**