

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:

- | | |
|--|---|
| <p>_____ Agency for Persons with Disabilities</p> <p>_____ Children's Medical Services</p> <p>_____ Community Partnership for Children</p> <p>_____ Community/4 Year College</p> <p>_____ Department of Children and Families</p> <p style="padding-left: 20px;">• Children and Family Services</p> <p style="padding-left: 20px;">• Substance Abuse and Mental Health Program Office</p> <p>_____ Department of Juvenile Justice</p> <p>_____ Division of Blind Services</p> <p>_____ Division of Vocational Rehabilitation</p> | <p>_____ Mental Health and Other Services <i>i.e.</i>:</p> <ul style="list-style-type: none"> • 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 <p>_____ Trade School/Vocational School</p> <p>_____ Volusia County Health Department</p> <p>_____ Volusia County Schools</p> |
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Other(s) UCF CARD

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

OFFICE USE:

Consent Revoked _____
 DATE

Confirmation Copy
 Sent to Parent _____
 DATE