

CHARLEVOIX-EMMET INTERMEDIATE SCHOOL DISTRICT
08568 Mercer Boulevard, Charlevoix, Michigan 49720
(231) 547-9947

PARENT PERMISSION FOR RELEASE OF INFORMATION

For the purpose of aiding in the determination of an appropriate education plan for my child, I hereby consent to the release of information regarding:

Name of Student _____ Birthdate _____

FROM the Charlevoix-Emmet Intermediate School District **TO** the following agency/personnel/parents (include name and address):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Materials to be released are:

- Most recent Multidisciplinary Evaluation Team report (MET)
- Most recent Individualized Education Program (IEP)
- Other: _____

TO the Charlevoix-Emmet Intermediate School District, Department of Special Education **FROM** the following agency/personnel (include name/address/materials to request):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please send this information to the attention of: _____

I also give permission for the verbal exchange of information between Char-Em ISD and the agencies/parties listed.

NOTE:

This document is valid for one (1) year from the date of signature or until the following date:

_____.

Signature of Parent/Guardian/or Student if 18 or Older

Date

DISTRIBUTION: Char-Em ISD, Agency

SE-F-15-05