

Sharing School Information

(Plain Language Authorization to Disclose Educational Information)

My name is _____.

My address is _____.

I go to school at _____.

My school is in this city: _____.

I have an IEP.

I want someone to help me make choices about school.

The person I want to help me is:

_____.

This person's phone number is: _____.

I want this person to come to my IEP meetings.

I want this person to get all the information that I get from my school.

It is okay for this person to see information that my school has about me.

This agreement to share school information will continue until I say it should stop.

My signature: _____

Today's date is: _____