

Release and Exchange of Information

Tuolumne
County
SELPA
12/10

A parent consent for release and exchange of information

Date:

IDENTIFYING INFORMATION

Student:

Date of Birth:

AUTHORIZED RECIPIENTS AND DISCLOSERS

- School District:**
- Tuolumne County SELPA
- Tuolumne County Superintendent of Schools
- Belleview School District
- Big Oak Flat-Groveland School District
- Columbia Union School District
- Curtis Creek Elementary School District
- Jamestown School District
- Sonora School District
- Sonora Union High School District
- Soulsbyville School District

- Summerville School District
- Summerville Union High School District
- Twain Harte-Long Barn School District
- Physician
- Psychologist/Counselor
- Private/Non Public School/Agency
- Gold Rush Home Study Charter School
-
-
-

- Tuolumne County Behavioral Health Department
105 Hospital Road
Sonora, CA 95370
- I agree to a referral to the Tuolumne County Behavioral Health Department for an assessment.
- I agree to the observation of my child in an educational setting by the Tuolumne County Behavioral Health Department.
- In the event the child is not a Tuolumne County resident or was publicly adopted in another county, the referral will be returned to the responsible county's community mental health services agency.
- ATCAA Head Start
- California Children Services
- California School for the Blind
- Central California Diagnostic Center
- Interagency Resource Committee (IRC)
- Sonora Regional Medical Center
- Tuolumne County Child Protective Services
- Tuolumne County Juvenile Probation
- Tuolumne County Public Health
- Valley Mountain Regional Center (VMRC)

PURPOSES/LIMITATIONS ON USE

I understand that the purpose of the release and exchange of information is to provide information to assist the IEP team in making a comprehensive educational assessment and in planning an educational program.

AMOUNT/KIND OF INFORMATION

- The information to be released and exchanged shall include medical, social, psychological, or educational information.
- The information to be released and exchanged shall be limited to:
- I consent for information to be released to the above recipients with the exception of:

EXPIRATION/REVOCAION AND RIGHT TO COPY

I understand that I may revoke this consent at any time except to the extent that action has been taken on it, and that in any event, this consent expires one year from the date signed. I understand that records used by the IEP team become part of the student's school record and shall be available to parents upon request.

CONSENT

I hereby give my permission for the agencies/individuals/schools/districts listed above to exchange information regarding the above named student.

Signature

Date

PLEASE KEEP A COPY FOR YOURSELF AND RETURN THE ORIGINAL TO:

IEP Member: **Orley G. Ryals**

School: **Gold Rush Home Study Charter School**

Address: **14673 Mono Way (Hwy 108)**

City, Zip: **Sonora, CA 95370**