

Consent to Authorize Advocacy and Release of Educational Information

(Example)

I, (full name), hereby authorize (X) School District to release and exchange information with my parent/advocate, (full name), which pertains to my school program and placement. I am also requesting that my parent/advocate be invited to any and all meetings about me, and I do not want any decisions made without (his/her) input. I do not wish to discuss issues or concerns about my school day or program without my parent/advocate present. If the school or district has any documents I need to sign, my advocate must sign first with me present, before I will sign. This authorization, unless otherwise revoked by me, will remain in effect for the duration of the time I receive special education services and through my twenty-first birthday. My advocate has read through this paper with me prior to my signing to make sure I understood and want this agreement.

(Full legal Name)

(Signature)