

Parental Consent Form

I, _____, hereby authorize _____ to release/exchange
(Parent/guardian) (Agency)
information with The Center for Exceptional Families, regarding my child: _____.
(child's name)

(Check all that apply)

- IEP/504 Plan
- Due Process
- Evaluation Reports
- Medical Records
- Social and Educational History
- Discipline and Behavioral Records
- Any other related material.
- Correspondence including email and phone calls

(Parent Signature)

(Date)



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<http://www.thecenterforexceptionalfamilies.org>