

Wakulla County Schools
**PROGRAM TRANSITION AND JOB PLACEMENT
TRANSITION INFORMATION RELEASE
(Consent Form for Mutual Exchange of Information)**

Date _____

Name _____ DOB _____

School _____ Teacher _____

Exceptionality(ies)

It is important to plan and develop appropriate options and opportunities for your child as he/she begins the transition process from school into adult life. In order to accomplish this, parents, students, educators, agencies and adult service providers must work together and share information.

Your consent to this mutual exchange of information will help in providing coordination of your child's transition and post school services. The information to be exchanged may include: student's name, exceptional student classification, date of birth, psychological reports, educational reports, medical reports, developmental and social reports, vision and hearing reports, Transition Individual Educational Plan, and other information deemed appropriate by School Board personnel.

Any exchange of information that would identify your child would only be made in order to provide appropriate services. Should you want additional information, please contact your child's teacher, _____ at _____. Please read and complete the italicized information below, and return to your child's teacher, _____.

I hereby authorize the exchange of information and records pertaining to the above named child among the Wakulla County School District; Department of Children and Families; Division of Vocational Rehabilitation; Division of Blind Services; Community College; Developmental Services and Mental Health Program Offices; and other agencies and providers that have significant contact with my child. Information will not be disclosed to any party except personnel with a legitimate educational interest without prior written consent of the parent, legal guardian, or surrogate.

I hereby certify that I am the parent, legal guardian, or surrogate of the child named above, or that I am the student of majority age (age 18 or older) and have authority to sign this release.

Date _____

Signature _____ ***Relationship*** _____

Address _____ ***City, Zip*** _____