

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 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: *(Check all boxes that apply.)*

- I want this person to come to my Individualized Education Program (IEP) or 504 Plan meetings.
- I want this person to come to all meetings at my school.
- I want this person to get all the information that I get from my school.
- I want this person to communicate with school staff, including requesting help if there is a disagreement (i.e. legal due process, mediation).
- It is okay for this person to see my report card and progress reports.
- It is okay for this person to see my discipline records.
- It is okay for this person to see my evaluations.
- It is okay for this person to see all information that my school has about me.
- It is okay for this person to see the following information about me:

- It is okay for this person to do these other things:

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

My signature: _____.

Today's Date: _____.