

Consent to Exchange Personally Identifiable Information:

Student Enrolled/Enrolling in Accredited Nonpublic School Outside District of Child's Residence

I am a parent of _____, a student who is or may be identified as a
(Name of child)

child with a disability. My child resides in _____
(AEA where child resides)

and in _____.
(LEA where child resides)

I have enrolled or seek to enroll my child in _____,
(Name of accredited nonpublic school)

an accredited nonpublic school located in _____
(AEA where child resides)

and in _____.
(LEA where child resides)

I understand it may be necessary for the AEA and LEA where my child resides and the AEA and LEA where the accredited nonpublic school is located to share personally identifiable information about my child to provide my child with special education and related services (including, but not limited to evaluations for special education eligibility). I understand my consent is required before such sharing of information takes place. I understand I may withhold my consent; however, I understand my refusal to give consent may limit the ability to provide special education and related services to my child.

I voluntarily give my consent to exchanges of personally identifiable information about my child between the AEA and LEA where my child resides and the AEA and LEA where the accredited nonpublic school is located. I understand my consent may be revoked at any time. I understand that I cannot revoke my consent retroactively.

Parent Signature

_____/_____/_____
Date

Note: Do not use this sample form if the child resides in the same AEA and LEA where the accredited nonpublic school is located. No consent is necessary in that situation.