CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

Student Name: _____

Grade: _____ Date of Birth: _____

This form is written authorization for CCID staff identified below to exchange information regarding my child with the identified professionals listed below. I am fully aware and give my permission for personal information regarding my child's social, emotional and academic progress to be shared as requested with the individual / organization.

CCID Representative/s: _____ has my approval to provide and/or receive information with the individual / professional organization identified below:

Contact Information for Individual / Organization

Name of Individual / Organization: _____

Address: _____

Phone Number: _____

Parent Name: _____ Date:_____

Parent Signature: _____