



3075 Adeline, Suite 220, Berkeley, CA 94703
510-841-3224 (Voice)
510-841-7956 (Fax)
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PARENTAL PERMISSION FOR EXCHANGE OF INFORMATION

I hereby give the _____ School District my consent to obtain and exchange confidential _____ medical, _____ psychological, _____ educational (check all that apply), and other evaluations and information pertaining to my child, _____, with qualified personnel and institutions. This exchange includes verbal and written communications.

(Date)

This release is only for the current referral and may not be extended.

RECORDS REQUESTED FROM:

SEND RECORDS TO THE ATTENTION OF:

(School District)

Center for Accessible Technology

(Agency)

(Department)

Attn: Johnno Reardon

(Attn to)

(Address)

3075 Adeline Street, Suite 220

(Address)

(City/State/Zip)

Berkeley, CA 94703

(City/State/Zip)

(Phone)

510-841-3224

(Phone)

(Signature of Parent/Guardian)

(Address)

(City/State/Zip)

(Phone)