



**Permission for SESA Consulting Services
and
Mutual Exchange of Information**

3501 Denali Street, Suite 101
Anchorage, AK 99503

907.334.1300 PH
907.562.0545 FAX
907.563.8284 TTY

I grant permission for SESA to provide assistance to the School District regarding educational programming and/or assessment for my son/daughter. Videotaping and/or photographing may be used for assessment purposes only. A completed Student Service Report (SSR) from the SESA specialist will be included in the student's/child's special education file.

Name of Student

Student's Date of Birth

I also grant permission for the mutual exchange of information between SESA and the _____ School District and between SESA and the following organizations/individual. *(PARENT: Please initial and list the name, address, and phone number for each organization/individual. Draw a line through sections left blank.)*

_____ 1. _____ (Parent Initial)	_____ 4. _____ (Parent Initial)
_____ 2. _____ (Parent Initial)	_____ 5. _____ (Parent Initial)
_____ 3. _____ (Parent Initial)	_____ 6. _____ (Parent Initial)

I understand that:

- All practices of confidentiality will be followed in the use of information gathered.
- I can cancel this authorization at any time in writing to SESA.
- This release is valid for **five years** from the date of my signature.

PRINTED Name of Parent / Guardian

Relationship To Student / Child

SIGNATURE of Parent / Guardian

Date

Address: _____
 Street City Zip

Home Phone: _____ Business Phone: _____ E-mail: _____

Completed SSRs will be sent via E-mail, unless an E-mail address is not provided. A copy of this form may be sent to each agency/person listed. If you do NOT wish all agencies listed to receive a copy, please advise in writing. You may use the back of this form.