



Mutual Exchange of Information & Permission for SESA Consulting Services

3501 Denali Street, Suite 101
Anchorage, AK 99503

907.334.1300 PH
907.562.0545 FAX
907.563.8284 TTY

Name of Student

Student's Date of Birth

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

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

| | |
|---|---|
| _____ <i>(Parent Initial)</i> 1. _____ | _____ <i>(Parent Initial)</i> 4. _____ |
| _____ <i>(Parent Initial)</i> 2. _____ | _____ <i>(Parent Initial)</i> 5. _____ |
| _____ <i>(Parent Initial)</i> 3. _____ | _____ <i>(Parent Initial)</i> 6. _____ |

I understand that:

- All practices of confidentiality will be followed in the use of information gathered.
- I can cancel this authorization at any time by 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

Primary Phone: _____

Secondary Phone: _____

Email Address: _____

***Completed SSRs will be sent via e-mail, unless and 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.***