Mutual Exchange of Information
&
Permission for SESA Consulting Services

SESA
SPECIAL EDUCATION SERVICE AGENCY

3501 DENALI STREET, SUITE 101
ANCHORAGE, ALASKA 99503

907.334.1300 PH
844.404.1300 TF
206.330.0306 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 educational programming and/or assessment for my son/daughter. Videotaping and/or photographing may be used for assessment and/or instructional purposes only. A report 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 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.)*

1._____

Parent Initial *Name/Address/Phone Number of added organizations/individuals*

2._____

Parent Initial *Name/Address/Phone Number of added organizations/individuals*

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: _____

Service Reports 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.