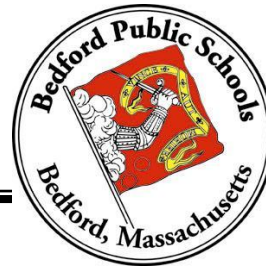


BEDFORD PUBLIC SCHOOLS



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AUTHORIZATION TO EXCHANGE PERSONAL INFORMATION

I authorize Bedford Public Schools to exchange records or information relating to my child _____
(name of student)

to/from _____
(name and address of individual or entity)

Check all that are appropriate:

- ☐ Educational history (e.g. IEP, assessments, evaluations, progress reports, etc.)
- ☐ Personal
- ☐ Medical
- ☐ Psychological/Emotional Diagnosis (e.g. Behavior modification programs or strategies, assessments, evaluations, etc.)
- ☐ Other (*specify*) _____

For the purpose of (*check all that are appropriate*)

- ☐ Determination of, and continuation of eligibility for services
- ☐ Development of an appropriate plan for student's education
- ☐ Other (*specify*) _____

I understand that any information exchanged about my child is protected under state and/or federal law and cannot be disclosed without my written consent unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below (*check all that are appropriate*):

- ☐ Specific Date: _____
- ☐ One year from the date this consent was given
- ☐ Other (*specify*) _____

Signature of Parent/Guardian

Date

Address, City & State