**AUTHORIZATION TO RELEASE AND EXCHANGE CONFIDENTIAL RECORDS AND INFORMATION**

I,       ­on behalf of myself and my minor child,      , hereby authorize Bonnie Klein and Sierra Special Education Advocacy to release information to, gather information from and exchange information, both written and verbal, with:

**School District and School of Attendance:**

The authorized information includes, but is not limited to:

Educational Records

Evaluations (both internal and external)

Meeting Notes

Medical History and evaluations

Developmental and/or social history

Behavioral history

Special Education planning and review process

The information will be used for the purpose of assisting with the understanding of, facilitation of and advocacy for special education rights and services on behalf of      .

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already been taken. This consent will stay in effect until I revoke it in writing.

*Signature of parent/guardian Printed Name Date*

 Bonnie Klein

*Signature of Bonnie Klein Printed Name Date*

*Sierra Special Education Advocacy*