



Telephone: 609-314-1900

1060 Kings Highway North, Suite 308
Cherry Hill, New Jersey 08034

www.MageeAdvocacy.com

PARENTAL AUTHORIZATION

Please be advised that I have retained Magee Advocacy to participate in the educational planning for my child.

This notice is intended to give Magee Advocacy the express written permission required to discuss _____ educational requirements with public and private school staff that may be involved in any aspect of providing instruction to my child. This permission is also extended to include therapists and related service providers.

This notice will also serve as permission for Magee Advocacy to request and review physical copies of my child's records, including but not limited to, Individualized Education Programs (IEPs), assessments, evaluations recommendations, reports, progress notes and other related documentation.

I understand that I have the right to revoke this permission at any time and will provide such revocation in writing to all parties involved.

Magee Advocacy may be reached by the following means:

Telephone: 609-314-1900

Email: kathleen@MageeAdvocacy.com

US Mail: Magee Advocacy
604 N. Princeton Ave
Cherry Hill, NJ 08002

Thank you for your anticipated cooperation in this matter.

Sincerely,

Parent Name (Please Print)

Parent Signature (Required)