

This form is completed and signed by the parent or legal guardian of a child enrolled in center-based FACE only when it is necessary for FACE staff to share documents with other service agencies for purposes of assessing additional screening/assessments, special needs, or IEP services.



**Permission to Exchange Information – Child**

Parent or Legal Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
(Insert Early Childhood Teacher's name and Name of FACE Program)

and \_\_\_\_\_  
(Insert name, address, and phone number of person or agency/organization with whom information is being exchanged)

to exchange assessments/information/records for the purpose of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of information being exchanged: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ (insert date). I understand that I may revoke this authorization at any time by notifying my child's teacher or the FACE Coordinator in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name