



The Jewish Academy
INSPIRATION • INNOVATION • VALUES



Consent Form for Mutual Exchange of Information

Date _____

Student Name _____ DOB _____

I hereby authorize the mutual exchange of records pertaining to my child or myself, between Miami Dade and Broward County School District, and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child)

Name	Position	Affiliation	Phone	Email
Kate McConnell	VP of Student Advocacy	ADAC		katemcconnell@theadac.com
Malka Kownat-Rhodes	Director of Government Programs	Teach Florida	(216) 970-0777	kownatM@teachcoalition.org
Kelly Walker	Private School Liaison	Teach Florida		walkerk@teachcoalition.org
Udyss Romano	Parent Advocate	Teach Florida		uromano@aol.com
Shelly Yeckes	Parent Advocate	Teach Florida		yeckes@bellsouth.net

The specific records to be disclosed pertain to: the evaluation of my child to determine eligibility for special education services.

The purpose for making these records available is: to make informed educational decisions and to ensure that Miami Dade and Broward County School district has a comprehensive picture of my child's needs to facilitate the child find process as outlined in the Individuals with Disabilities Education Act (IDEA).

The receiving party will not disclose the information to any other party without signed consent.

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign the release. I am formally requesting that all those listed in the table above are copied on all communication from anyone in the district office. This document also acts as my consent to evaluate my child.

Name (print)

Signature