

# TEACHWELL SOLUTIONS

## CONSENT FOR EXCHANGE AND RELEASE OF INFORMATION WITH OUTSIDE AGENCIES

I hereby give permission for the mutual exchange of confidential student information between Teachwell Solutions and:

\_\_\_\_\_ SD Division of Rehabilitation Services (Vocational Rehabilitation) and/or

\_\_\_\_\_ Other Agencies Listed: \_\_\_\_\_

Regarding \_\_\_\_\_

(student's name)

(date of birth)

Purpose of disclosure:

\_\_\_\_\_ For invitation to the student's Individual Education Program (IEP) meetings

\_\_\_\_\_ Releasing records for eligibility determination, which may include information regarding history, psychological and multi-faceted evaluations, scholastic achievement, health records, functional performance, attendance, educational placement, and Individual Education Programs.

\_\_\_\_\_ Other:

**THIS FORM WILL BECOME PART OF THE STUDENT'S EDUCATIONAL RECORD AND SHALL BE VALID FOR ONE YEAR.**

### Consent:

ARSD 24:05:30:17 Consent. "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date