



AUTHORIZATION TO EXCHANGE INFORMATION

Child's Name: _____ DOB: _____ SS# _____

I authorize Sunshine Acres Children's Home to exchange information with:

Phone: _____

Fax: _____

Name of Most Recent School _____

Address _____

City, State _____

Zip _____

A. INFORMATION TO BE DISCLOSED

- ___X___ MET Evaluation Report
___X___ Individual Education Report (IEP)
___X___ 504 Plan
___X___ Copy of Immunizations Record
___X___ Copy of Birth Certificate
___X___ Test Results/AIMS Scores
___X___ Discipline Records
___X___ Current Report Card
___X___ Attendance Record
Other _____

B. PURPOSE OF DISCLOSURE: _____ Possible Placement _____

C. PLEASE RELEASE THE INFORMATION TO:

Academic Services Department
Sunshine Acres Children's Home
3405 N. Higley Road
Mesa, Arizona 85215-9741

Phone: 480-981-4112
Phone: 480-832-2540
Fax: 1-866-491-5380

I have read the above and fully understand its content. I have asked questions about anything that was not clear to me and I am satisfied with the answers I have received. I understand that only professional staff will use information given and received. It will not be released to any other party/agency without my prior written consent. I am aware of my rights in force for a period of six (6) months from present date. I understand this consent is subject to revocation by me at any time except to the extent that action has already been taken on it. I also understand that for persons on probation or parole, consent given for disclosure to the criminal justice system may not be revoked.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Child _____ Date _____

Signature of Witness _____ Date _____