

## **Sample Consent for Information Sharing and Access to My Education Records**

**(Be sure to keep a signed copy for yourself)**

I **(full name of student)** give permission for **(name of school or school district)** to share information about my education with my parent(s) **(full name/names)**.

I give my parent(s) permission to communicate, verbally or in writing, with school staff in person, by phone, by email, or through virtual meetings to help make sure I get the services and supports I need. This includes communication related to academic, non-academic, and extracurricular activities.

This permission includes receiving documents such as my Individualized Education Program (IEP), evaluations, Functional Behavioral Assessment (FBA), behavior, incident and/or discipline reports, positive behavior support plans, behavior intervention plans, and any other documents and communication that are part of my general education and/or special education records.

I want my parent(s) to:

- Be invited to all meetings about my education
- Be involved in all decision making about my education
- Sign any documents with me, in my presence
- Receive copies of all education documents that I receive
- Be copied on all emails sent to me

This permission will stay in effect as long as I receive special education services or until I choose to cancel my permission, in writing.

I understand that my information is protected by law and cannot be shared further without my written permission.

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_