SESA
SPECIAL EDUCATION SERVICE AGENCY

3501 Denali Street, Suite 101
Anchorage, AK 99503

907.334.1300 PH
907.562.0545 FAX
907.563.8284 TTY

Permission for SESA Consulting Services and Mutual Exchange of Information

I grant permission for SESA to provide assistance to the School District / Infant Learning Program regarding the educational program for my son/daughter. Videotaping and/or photographing may be used for assessment purposes only. A completed Student Service Report (SSR) from the SESA specialist will be included in the student's/child's special education file.

_____ _____

Name of Student/Child | Student's/Child's Date of Birth

I also grant permission for the mutual exchange of information between SESA and the _____ School District and between SESA and the following organizations/individual *(please list and initial the name, address, and phone number for each organization/individual and line through sections left blank).* The following is to be initialed by PARENT.

_____ 1._____ *(Parent Initial)*	_____ 4._____ *(Parent Initial)*
_____ 2. _____ *(Parent Initial)*	_____ 5. _____ *(Parent Initial)*
_____ 3. _____ *(Parent Initial)*	_____6. _____ *(Parent Initial)*

I understand that all practices of confidentiality will be followed in the use of information gathered. This release is valid for **five years** from the date of my signature.

_____ _____

PRINTED Name of Parent / Guardian | Relationship To Student / Child

_____ _____

SIGNATURE of Parent / Guardian | Date

Address: _____

Street City Zip

Home Phone: _____ Business Phone: _____ e-mail: _____

A copy of this form may be sent to each agency/person listed. If you do NOT wish all agencies listed to receive a copy, please advise on the back.