



Mutual Exchange of Information

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Amendment Form

Name of Student/Child

Student's/Child's Date of Birth

I grant permission to amend the Mutual Exchange of Information (MEI) to include the following organizations/individual *(list and initial the name, address, and phone number for each organization/individual and cross off sections left blank)*.

I fully recognize this amendment is valid only for the term of the original MEI dated _____ and expires on _____, and that all practices of confidentiality will be followed in the use of information gathered.

The following is to be initialed by PARENT or legal guardian, then signed below.

_____ 1. _____ <i>(Parent Initial)</i>	_____ 4. _____ <i>(Parent Initial)</i>
_____ 2. _____ <i>(Parent Initial)</i>	_____ 5. _____ <i>(Parent Initial)</i>
_____ 3. _____ <i>(Parent Initial)</i>	_____ 6. _____ <i>(Parent Initial)</i>

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.

