



3075 Adeline, Suite 220, Berkeley, CA 94703
510-841-3224 (Voice)
510-841-7956 (Fax)
www.cforat.org

PARENTAL PERMISSION FOR EXCHANGE OF INFORMATION

I give permission to the following school district: _____
To obtain and exchange the following types of confidential information and evaluations with qualified personnel and institutions (check all that apply):

_____ Medical _____ Psychological _____ Educational
This exchange includes verbal and written communications.

Student name: _____ Date: _____

RECORDS REQUESTED FROM:

(School District)

(Department)

(Address)

(City/State/Zip)

(Phone)

SEND RECORDS TO THE ATTENTION OF:

Center for Accessible Technology

(Agency)

Attn: Johnno Reardon

(Attn to)

3075 Adeline Street, Suite 220

(Address)

Berkeley, CA 94703

(City/State/Zip)

510-841-3224

(Phone)

(Signature of Parent/Guardian)

(Parent/Guardian printed name)

(Address)

(City/State/Zip)

(Phone)