

Consent & Authorization for Exchange/Release of Information

Please be advised that I have retained Susan Horning to provide educational advocacy and consultation services in connection with the education needs of my child,

_____ DOB: _____
Name of student

School of Attendance:

District:

I designate Susan Horning to represent me and my child in all matters and proceedings related to the identification, evaluation and educational placement of my child. I authorize the recipient to furnish Susan Horning any requested information and/or records or documents concerning my child or related to the education of my child, and give my consent to Susan Horning to exchange such information with any agency or individual for the purpose of obtaining appropriate educational services for my child. This authorization includes my consent to the recipient communicating with Susan Horning regarding my child and discussing my child’s education, educational plan and accommodations, general/cumulative file, special education file, and independent evaluations. I give my permission for information to be exchanged between Susan Horning and the party listed below.

Duration: This authorization is effective immediately and shall remain in effect for one year from the date signed unless revoked in writing.

Revocation: I understand that I have the right to revoke or modify this authorization by sending written notice to Susan Horning and the releasing agency.

Name of Organization:

Name of Representative from Organization:

Address:

Telephone:

Fax:

Email:

Signature of parent or legal guardian

Date

Printed Name

Relationship to Student

Contact information: Susan Horning 738 Woodward Place, Walnut Creek, CA 94598
Phone (925) 938-7312 Cell (925) 683-1641 Fax (925) 938-7312 sphorning@astound.net