

Special Education Transfer Packet
Consent and Authorization for Mutual Exchange of Information

Date _____

Birth date ____/____/____

Student's Legal Name

Last First Middle

I hereby authorize the mutual exchange of information regarding the student named above, for the purpose of establishing special eligibility and placement, between Seattle Public Schools' Special Education Transfer Office and those schools your child has previously attended listed below:

School Name	City and State	Grade(s)	Date Withdrew
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that I may revoke this consent and authorization at any time unless action has already been taken based on this authorization. I also understand that I may inspect or copy information to be disclosed.

Parent/Guardian Name (please print)

Parent/Guardian Signature _____ Date _____

Please send records, including (a) academic and special education records, including IEPs; (b) educational/psychological evaluations; (c) vision/hearing and social/emotional evaluations; (d) medical history/present health status information; and (e) any other appropriate records AS SOON AS POSSIBLE to:

Seattle Public Schools
Special Education Referral and Intake
M/S 31-725 PO Box 34165
Seattle, Washington 98124-1165

THANK YOU

Please direct questions to the Special Education records review team at 206-252-0890
or e-mail at spedood@seattleschools.org