



# The School District Of Escambia County

## J.E. HALL EDUCATIONAL SERVICES CENTER

30 EAST TEXAR DRIVE PENSACOLA, FL 32503 PHONE (850) 469-5518

<http://www.escambia.k12.fl.us>

MALCOLM THOMAS, SUPERINTENDENT

### Consent / Mutual Exchange of Information Release Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_ Transition Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents, students, educators, agencies and adult service providers must work together to provide appropriate transition opportunities as students prepare for graduation from high school. Mutual exchange of information is required to assist in the planning and coordination of this transition process. This Transition Information Release Form allows the following exchange of information for the above named student.

#### Records may be mutually exchanged between the School District of Escambia County and the following agencies, service providers, post-secondary educational facilities, or programs as designated below:

- \_\_\_\_ ARC/Gateway
- \_\_\_\_ Agency for Persons with Disabilities
- \_\_\_\_ Baptist Hospital/Lakeview Center/Southeastern Vocational Services
- \_\_\_\_ Division of Blind Services
- \_\_\_\_ Escarosa Workforce Development
- \_\_\_\_ Goodwill Easter Seals
- \_\_\_\_ New Horizons Workshops
- \_\_\_\_ Pensacola State College (PSC)
- \_\_\_\_ Pyramid, Inc
- \_\_\_\_ Social Security Administration
- \_\_\_\_ United Cerebral Palsy of Northwest Florida
- \_\_\_\_ University of West Florida
- \_\_\_\_ Vocational Rehabilitation Services, Florida Department of Education
- \_\_\_\_ Work Experience Programs(Community Based Instruction, Vocational Instruction Programs, Potential Employers, and OJT)
- \_\_\_\_ Other: \_\_\_\_\_

The following records may be exchanged:

- \_\_\_\_ Educational Records
- \_\_\_\_ Medical / Health / Hospital / Physician
- \_\_\_\_ Occupational/ Physical Therapy
- \_\_\_\_ Psychological
- \_\_\_\_ Social/ Development History
- \_\_\_\_ Social Security Information
- \_\_\_\_ Speech / Language / Hearing / Vision Records
- \_\_\_\_ Transition Individual Educational Plan (TIEP)
- \_\_\_\_ Other: \_\_\_\_\_

**I hereby authorize the exchange of information and records, as indicated above, for the sole purpose of developing appropriate transition services. I authorize the above agencies to attend my (my child's) IEP meeting.**

**I certify that I am the parent, legal guardian, or surrogate of the above named student or that I am a student of Majority age and thereby have authority to sign this release.**

\_\_\_\_\_  
Parent/Legal Guardian/Surrogate/Adult Student

\_\_\_\_\_  
Date

**Distribution:** Original: [ ] Cum Copy: [ ] Parent/Legal Guardian/Student