



North Carolina Department of Health and Human Services
Office of Education Services

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Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Dwight Pearson, PhD, Ed S., Superintendent
(919) 855-4439

Office of Education Services Resource Support Program

I give my permission for the Office of Education Services Resource Support Program staff to observe, consult and/or evaluate (child's name) _____ (date of birth) _____. The information will be used for educational planning purposes for my child.

Parent Name _____ (please print)

Parent Mailing Address _____

City, State, Zip Code _____

Telephone # _____

Parent Signature _____ Date _____

Attention:
Krista Heavner
OES Resource Support Program
7848 Shelter Cove Lane
Denver, NC 28037