



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

2302 Mail Service Center ■ Raleigh, North Carolina 27699-2302
919-855-4430 (Voice) 919-855-4448 (TTY) 919-715-6625 (FAX)

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

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

Consent for Exchange of Confidential Information

Agencies being requested to exchange information:

Student's school

Student's Audiologist, ENT or other provider (pediatrician, PT, OT, etc)

Attention: Krista S. Heavner
Resource Support Program Coordinator
7848 Shelter Cove Lane
Denver, NC 28037

I, _____, hereby authorize the above named agencies/individuals to exchange confidential information concerning my child; _____, (date of birth) _____. This information shall include any of the following that is available:

- **Audiological evaluations**
- **Psychological/educational information (IEP/504 plan)**
- **Occupational therapy, physical therapy, speech/language evaluations**
- **Pertinent medical information**

I understand that the information exchanged will be used only in the best interest of my child. I also understand that I may withdraw this consent in writing at any time, thereby prohibiting any future exchange of information. This consent will expire automatically in one year from the date on which it is signed. This authorization and request is fully understood and is made voluntarily on my part.

Signed: _____

Relationship to Student: _____

Witness: _____

Date: _____

Permission can be given only by the student's parent(s) or legal guardians(s). For foster children, permission must be obtained from the director of the appropriate department of social services. Any information exchanged is to be shared only between the personnel of agencies indicated above