



**Consent for Mutual Exchange of Information**  
(To be completed by parent/guardian)

NOTE: This includes authorization to FAX information to requesting party.

For the purpose of providing the most appropriate instruction and assistance in school, I give my consent and authorize a mutual exchange of educational assessments/observations or medical evaluations concerning:

Name: \_\_\_\_\_ D.O. B. \_\_\_\_\_  
(Student)

Enrolled at: \_\_\_\_\_ Grade: \_\_\_\_\_  
(School)

Between Lebanon Community School Corporation and the following:

Doctor Name : \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**INFORMATION TO BE RELEASED:**

_____ Admission/Discharge Dates	_____ Treatment Plan
_____ Medical History	_____ Educational Tests
_____ Progress Notes	_____ Psychological Tests
_____ Discharge Summary/Continuing Care Plan	_____ Other: _____

**PURPOSE FOR DISCLOSURE**

_____ Collaboration with School	_____ Physician Referral
_____ Comply with Court Order	_____ Other: _____

I understand that I may revoke this consent at any time. This consent will expire one (1) year from the date of authorization.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Witness Date