



Wisconsin Center for the Blind and Visually Impaired

Carolyn Stanford Taylor, State Superintendent
Wisconsin Department of Public Instruction



CONSENT TO PROVIDE OUTREACH SERVICES, MAINTAIN RECORDS, AND OBTAIN INFORMATION AND RECORDS FROM, OR DISCLOSE INFORMATION AND RECORDS TO THE LOCAL EDUCATION AGENCY (“LEA”), THE WISCONSIN CENTER FOR THE BLIND AND VISUALLY IMPAIRED OUTREACH (“WCBVI OUTREACH”), AND THE BIRTH TO 3 PROGRAM (“B-3 PROGRAM”), IF APPLICABLE

Student Name: _____ Date of Birth: _____

LEA (if applicable): _____

B-3 Program (if applicable): _____

INSTRUCTIONS

WCBVI Outreach has received a request to provide Outreach services to your child and information to the school district (“LEA”) and/or B-3 Program. In order to do this, the Outreach team must receive your consent to provide Outreach services and exchange information with the LEA and/or B-3 Program. WCBVI Outreach will complete the information to be disclosed section. You (i.e., the child’s parent, guardian, or in the absence of a parent/guardian, the individual acting as the parent) must sign this consent if you agree to the evaluation and exchange of information.

AUTHORIZATION STATEMENT

I, the undersigned, hereby authorize WCBVI Outreach to provide services for this child. I understand this requires the LEA and/or B-3 Program to disclose the information indicated below to WCBVI Outreach and WCBVI Outreach to disclose the information indicated below to the LEA and/or B-3 Program.

INFORMATION FROM THE LEA/B-3 PROGRAM TO BE DISCLOSED TO OUTREACH

- _____ Progress Records
- _____ Behavioral Records
- _____ Patient Health Care Records
- _____ Special Education Records (including IEP and/or IFSP)
- _____ LEA Evaluation Records
- _____ B-3 Evaluation Records
- _____ Outside Agency Records (specify) _____
- _____ Outside Agency Records (specify) _____
- _____ Other (specify) _____
- _____ Other (specify) _____

(over)

INFORMATION FROM THE OUTREACH PROGRAM TO BE DISCLOSED TO LEA/B-3 PROGRAM

____ Outreach Evaluation Report ____ Other (specify) _____
____ Outreach Observation Summary ____ Other (specify) _____
____ Other (specify) _____ ____ Other (specify) _____

PURPOSE OF DISCLOSURE

The information requested is for the purpose of educational programming of the child named above.

CONSENT TO MAINTAIN RECORDS

For the purposes of futures educational programming, I authorize WCBVI Outreach to maintain this child’s records through the year the child turns 21 years old.

ACKNOWLEDGEMENTS

WCBVI may disclose personally identifiable information from a pupil record under three conditions: (1) with written consent from a parent, guardian, or adult student; (2) by receipt of a court order; or (3) by authority of statute.

I have had an opportunity to review this Consent, and I understand all its provisions, I understand that this Consent is voluntary and I have no obligation to sign it. I understand that, upon my request, I am entitled to a signed copy of this Consent form and the records to be disclosed. I understand I can revoke this Consent at any time except to the extent that disclosure has already been made in reliance on this Consent. This Consent is valid for one year from the date of signature, unless sooner revoked in writing. A photocopy or facsimile of this Consent has the same effect as the original.

Authorizer’s Name (please print) _____

Signature _____

Date _____

Relationship to Child _____