



Florida and Virgin Islands (FAVI)

Deaf-Blind Collaborative

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FAX: 352-273-8539

Consent for Exchange of Information / Records

Regarding _____ Date: _____

(STUDENT'S NAME)

I authorize school personnel, other professionals, and agencies to exchange information with the Florida deaf-blind project for the purposes of:

- * reporting demographic information on persons aged 0-22 with deaf-blindness living in Florida;
- * initiating and facilitating services to an individual and/or family affected by deaf-blindness; and
- * providing individualized technical assistance to promote achievement of individual / family outcomes.

The following agencies/types of information (if any) are excluded from this permission:

The types of information that I permit to be shared are initialed below:

_____ Individual Education Plan (IEP) _____ Assessment data

_____ Individual Family Support Plan (IFSP)

_____ OT / PT reports _____ Evaluations

_____ Vision & Hearing Reports _____ Speech/Language Reports

_____ Other: _____

This consent for exchange of records is voluntary and valid until I withdraw my consent. I understand that I can withdraw my consent, at any time, in writing.

SIGNATURE

DATE

RELATIONSHIP TO INDIVIDUAL WITH DEAF-BLINDNESS

*PLEASE SIGN A [VIDEO /PHOTOGRAPHY RELEASE FORM](#) TO PERMIT VIDEO/PHOTOGRAPHY BY FAVI