

CONSENT TO AUTHORIZE ADVOCACY
AND
RELEASE OF INFORMATION

I, , hereby authorize Independent School District to release/exchange information with my parents, which pertains to my school program, grades, placement, behavior and/or discipline.

I also wish that my parents be invited to any and all meetings about me, and I do not want any decisions made without their input. If the schools have any documents I need to sign, my parents must sign first, before I will sign.

This authorization, unless otherwise revoked by me in writing, is intended to remain in effect for the duration of time I receive special education services or until my twenty-seventh birthday, which ever comes first.

Signature
Field

Name

Date

State of Texas. County _____
Before me, the undersigned authority, on this day personally appeared _____ the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office on this day _____, _____ (year),
Notary Public in and for _____ (county), Texas
My commission expires _____

Notary Signature _____
Printed/Stamped Name _____