



EXCHANGE OF INFORMATION BETWEEN THE REGIONAL CENTER AND THE LOCAL SCHOOL DISTRICT

Consumer's Name: _____

UCI#: _____

Birth Date: _____

Date: _____

Regional Center of the East Bay
500 Davis Street, Suite 100
San Leandro, CA 94577

Regional Center of the East Bay
2151 Salvio Street, Suite 365
Concord CA 94520

School District or School: _____

Address: _____

City: _____

Zip: _____

Release Records Dated: from _____ to _____.

The school your child attends is required by law (Welfare & Institutions Code, Section 5238) to obtain a signed parental consent in order to allow anyone, including Regional Center staff, to observe or discuss school progress. If you would like Regional Center to continue having contact with the school, please sign the consent below and return to me.

Sincerely,

Case Manager

Check the areas you agree to:

- 1 School personnel may discuss the progress my child is making at school with the above-named Case Manager and/or Intake Clinical Staff.
- 2 The above-named Case Manager and/or Intake Clinical Staff may observe my child at school.
- 3 The school district may release the following information to the above-named Case Manager:
 IEP/IPP Medical Speech/Hearing Psychological
 Educational/Diagnostic Other:
- 4 Inform and invite my Case Manager to any meetings that involve my child.

Signature

Date

Relationship to Consumer:
Parent, Legal Guardian, Self

Witness if mark