



**Two Way Consent for Exchange of Information**  
Facilities or persons being asked to exchange information

Name of Parent/Guardian	Name of School Staff /Administrator Cumberland Co. Schools
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone

I, \_\_\_\_\_ hereby authorize the above-named facilities or person to obtain confidential information concerning my child, \_\_\_\_\_

Child's date of birth \_\_\_\_\_ and Social Security No. \_\_\_\_\_

**This information shall include:**

- Reason for referral
- Any psychological/psychiatric, social, and/or medical information affecting student's current functioning
- Psychological/psychiatric evaluation results
- Current medication prescribed
- School academic achievement, grade level, and behavior
- Other information: \_\_\_\_\_

I understand that the information exchanged will only be used for educational purposes. A copy of this consent is as valid as the original. I also understand that I may withdraw this consent at any time, thereby prohibiting any future exchange of information. This consent will expire automatically one year from the date on which it is signed.

This authorization and request is fully understood and is made voluntarily on my part.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Specify if signature is that of parent or guardian)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Permission can be given only by the student's parent(s) or legal guardian(s). For foster children, permission must be obtained from the Director of Cumberland County's Department of Social Services. Consent for students 18 years and older may be provided by the student him/herself. Any information exchanged is to be shared only between the agencies indicated above unless you give written permission for other professional persons or agencies to receive this information.