



Authorization for Release/Exchange of Confidential Information

Office of Special Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 336-32
March 2017
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Student's Name Last _____ First _____ MI _____

Student's Address _____

Student ID # _____ Date of Birth ____/____/____ Chronological Age ____ Grade ____

Language spoken at home _____

Current School _____ Home School _____

Classroom/Homeroom Teacher _____

Parent/Guardian _____ Phone # 1 ____ - ____ - ____ Phone # 2 ____ - ____ - ____

Authorization Obtained By Name _____ Position _____ Date ____/____/____

PART I: RELEASE OF RECORDS INFORMATION: In cases where it appears helpful to obtain non-Montgomery County Public Schools (MCPS) records or to share MCPS information with community resources because the information may reduce the need for testing or facilitate service provision, enter the title of the record(s) or the type of information to be shared, and the agency/person who has the information. Explain that the parent(s)/guardian(s)/eligible student's signature authorizes MCPS to obtain the specified records and/or to share information with the specified sources, e.g., authorized health care provider, tutor who may be working with the student. See [MCPS Regulation JOA-RA](#), [Student Records](#), for additional details.

Information Requested	From (Person, Agency, Address)	To Be Sent To (Person, Agency, Address)
1.		
2.		
3.		
4.		
5.		

I hereby consent to the exchange and/or release (written verbal, or both) of confidential student information listed in Part I above relating to the above-named student between MCPS and the person/agency listed above.

Signature, Parent/Guardian/Eligible Student _____ Date ____/____/____

Student's Name _____ Student ID# _____

PLEASE USE THIS PORTION OF THE FORM FOR TRANSITION SERVICES ONLY.

Part II and Part III of MCPS Form 336-32 should be used for secondary transition planning for students ages 14–21 who have an Individualized Education Program (IEP).

PART II: CONSENT FOR PARTICIPATING AGENCY TO BE INVITED TO IEP TEAM MEETINGS: Obtain the consent of a parent/guardian/eligible student for a participating agency such as the Division of Rehabilitation Services, or the Behavioral Health Administration, to be invited to attend any IEP team meeting at which **transition services** will be considered for a student with a disability. *Inviting an agency representative does not guarantee attendance at an IEP meeting.*

I give permission to MCPS to invite the agency(s) indicated below: Yes No

- Division of Rehabilitation Services
- Behavioral Health Administration

who may be able to provide postsecondary transition services to an IEP team meeting to be held on or before ____/____/____.

I understand that the granting of consent is voluntary and may be revoked at any time.

_____/_____/_____
Signature, Parent/Guardian/Eligible Student _____/_____/_____
Date

THIS SECTION IS FOR HIGH SCHOOL STUDENTS ONLY.

PART III: PERMISSION FOR REFERRALS: Obtain the consent of a parent/guardian/eligible student prior to making a referral for a high school student to a participating agency for **transition services** such as the Division of Rehabilitation Services, or the Behavioral Health Administration for the service(s) marked below.

MCPS STAFF USE ONLY	
Division of Rehabilitation Services	Behavioral Health Administration
<input type="checkbox"/> Assistive technology <input type="checkbox"/> Career assessment <input type="checkbox"/> Career counseling <input type="checkbox"/> College or career training <input type="checkbox"/> Job coaching <input type="checkbox"/> Job placement <input type="checkbox"/> Pre-employment Transition Services (PreETS) <input type="checkbox"/> Work-readiness training <input type="checkbox"/> Other support services _____	<input type="checkbox"/> Children/Adolescents Services <input type="checkbox"/> Clinical Services <input type="checkbox"/> Core Service Agency
Services are based on eligibility criteria determined by the provider agency.	

- I give permission to MCPS to refer the above-named student for the transition service(s) checked above. I understand that at the end of the assessment and/or enrollment in a program, I will be contacted and goals may be addressed in the student's IEP. I understand that the granting of consent is voluntary and may be revoked at any time.
- I do not give permission to MCPS to refer the above-named student for the service(s) checked above.

_____/_____/_____
Signature, Parent/Guardian/Eligible Student _____/_____/_____
Date