

Humboldt County Office of Education
Transition Partnership Program

Consent for Release of Information

Student/Client's Name: _____ Date of Birth: _____

I give my permission for the organizations I have *initialed below* to release or exchange verbal or written relevant information about myself (over 18; my child (under 18) to members of the Transition Interagency Team who are directly involved in, developing, providing or coordinating services for my/our child.

I/We understand that I/we may cancel all or part of this consent for release of information by written or verbal notification to the Transition Interagency Team.

Please Initial Organizations Highlighted Below

- _____ 1. Humboldt County Office of Education
- _____ 2. Department of Rehabilitation
- _____ 3. Redwood Coast Regional Center
- _____ 4. School of Attendance _____
- _____ 5. Parent/Guardian: (client over 18) _____
- _____ 6. College of the Redwoods
- _____ 7. Other college: _____
- _____ 8. Other: _____

I understand that this consent shall be valid for a period not to exceed 30 days, from the date this consent is signed, unless otherwise specified*,

***Specified Date, if other than 30 days:** _____

Student/Client's Signature: _____ Date _____

Parent/Guardian's Signature: _____ Date _____

TPP Staff: _____ Date _____