



PARENTAL WAIVER: Exchange of information with _____
I hereby authorize the Allentown School District, agency, or personnel to exchange information regarding:

_____ Date of Birth _____
Name of Student Month Date Year

Name of School district, agency, or personnel with whom information is to be exchanged:

Solution Services Inc.

Information to be exchanged includes the following:

- ___ Educational
- ___ Individual Education Program
- ___ Multidisciplinary Team Reports
- ___ Case Summary

Signature of Parent/Guardian Date

Person requesting exchange of information

Title