



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
J.E. HALL EDUCATIONAL SERVICES CENTER
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TIMOTHY A. SMITH, Ed.D., SUPERINTENDENT

Consent / Mutual Exchange of Information Release Form

Student Name: _____ DOB: _____ Student #: _____

Anticipated Date of Graduation: _____ Transition Contact: _____ Phone: _____

Parents, students, educators, agencies and adult service providers must work together to provide appropriate transition opportunities as students prepare for graduation from high school. Mutual exchange of information is required to assist in the planning and coordination of this transition process. This Transition Information Release Form allows the following exchange of information for the above named student.

Records may be mutually exchanged between the School District of Escambia County and the following agencies, service providers, post-secondary educational facilities, or programs as designated below:

- ____ ARC/Gateway
 - ____ Agency for Persons with Disabilities
 - ____ Baptist Hospital/Lakeview Center/Global Connections to Employment, Inc. (GCE)
 - ____ Capstone Adaptive Learning & Therapy Center, Inc.
 - ____ Division of Blind Services
 - ____ Escarosa Workforce Development
 - ____ Goodwill Easter Seals
 - ____ New Horizons Workshops
 - ____ Pensacola State College (PSC)
 - ____ Pyramid, Inc
 - ____ Social Security Administration
 - ____ University of West Florida
 - ____ Vocational Rehabilitation (VR) Services, Florida Department of Education
 - ____ Vocational Rehabilitation (VR) Vendor (providing youth services)
 - ____ Work Experience Programs(Community Based Instruction, Vocational Instruction Programs, Potential Employers, and OJT)
- Other: _____

The following records may be exchanged:

- ____ Educational Records
- ____ Medical / Health / Hospital / Physician
- ____ Occupational/ Physical Therapy
- ____ Psychological
- ____ Social/ Development History
- ____ Social Security Information
- ____ Speech / Language / Hearing / Vision Records
- ____ Transition Individual Educational Plan (TIEP)
- ____ Other _____

I hereby authorize the exchange of information and records, as indicated above, for the sole purpose of developing appropriate transition services. I authorize the above agencies to attend my (my child's) IEP meeting.

I certify that I am the parent, legal guardian, or surrogate of the above named student or that I am a student of Majority age and thereby have authority to sign this release.

Parent/Legal Guardian/Surrogate/Adult Student

Date

Distribution: Original: Cumulative folder; Parent/Legal Guardian/
 Student *Revised 7/2021*