

**SPECIAL EDUCATION
WENATCHEE SCHOOL DISTRICT
112 South Elliott
Wenatchee, WA 98801
(509) 663-7117**

Date:

PERMISSION FOR MUTUAL EXCHANGE OF INFORMATION

I hereby grant permission to the Special Education Department of the Wenatchee School District to release and/or exchange information pertinent to this student's educational evaluation and placement with the foster parents to whom she/he is assigned and with mental health personnel involved with his treatment.

Child's Name: _____

Birth Date: _____

Signature of Parent or Legal Guardian

Information to be shared with:

