

**CONSENT TO AUTHORIZE ADVOCACY
AND
RELEASE OF INFORMATION**

I, _____, hereby authorize
_____ Independent School District to release/exchange
information with my parents, _____ which
pertains to my school program, grades, placement, behavior and/or
discipline.

I also wish that my parents be invited to any and all meetings about me,
and I do not want any decisions made without their input. If the schools
have any documents I need to sign, my parents must sign first, before I
will sign.

This authorization, unless otherwise revoked by me in writing, is
intended to remain in effect for the duration of time I receive special
education services or until my twenty-seventh birthday, which ever
comes first.

(name)

(date)

State of Texas. County _____

Before me, the undersigned authority, on this day personally appeared
_____ the person whose name is subscribed to the foregoing instrument,
and acknowledged to me that she executed the same for the purposes and consideration therein
expressed.

Given under my hand and seal of office on this day _____, _____(year),

Notary Public in and for _____(county), Texas

My commission expires _____

Notary Signature _____
Printed/Stamped Name _____