

Date Sent/Mailed:

Wichita Falls ISD  
Wichita Falls, TX 76301 - (940) 235-1019

### CONSENT TO INVITE AN OUTSIDE AGENCY

NAME OF STUDENT	DATE OF BIRTH	ID#	Grade	MEDICAID#
CAMPUS				

In order to facilitate the smooth transition from school to adult services, this form authorizes the agencies listed below to share confidential information on the identified student. As part of the interagency transition planning process, area agencies may be working cooperatively to arrange for post-school services and outcomes that are most advantageous and desirable for the student and the student's family or primary caregiver. Confidential information to be included in this interagency information release agreement may include educational, psychological, medical, social, and vocational information relevant to this student's needs as an adult in the community.

**AGENCIES TO BE INVITED:**

Texas Dept. of Assistive and Rehabilitat Services
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Purpose of Release/Disclosure
<input checked="" type="checkbox"/> To assist ARD/IEP Committee in educational/transitional planning
<input checked="" type="checkbox"/> To assist outside agency in providing support/services
<input type="checkbox"/> Other:

- Yes  No I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This agency will be invited to the ARD meeting upon receipt of my written consent.
- Yes  No I understand that my consent is voluntary and may be revoked in writing anytime except to the extent that action has been taken in reliance on my consent. This consent is necessary for each subsequent ARD meeting.
- Yes  No I give my permission for Confidential Information to be disclosed to the above named Agency/ Agencies during the course of the ARD meeting.

Name of Parent, Guardian, Surrogate Parent or Adult Student	Date	Signature of Parent, Guardian, Surrogate Parent or Adult Student
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Name of Interpreter, if used	Date	Signature of Interpreter, if used
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