



## CONSENT FOR INFORMATION EXCHANGE AND CONSENT TO TRANSPORT

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

I, \_\_\_\_\_ authorize and request the following agency or individual:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CHECK ONE:** \_\_\_\_\_ **To transport the above named student as needed.**

\_\_\_\_\_ **To mutually exchange information on the above named student with**

Newport Academy  
13400 Woodside Lane  
Newport News, Virginia 23608  
Phone: (757) 874-4444  
Fax: (757) 872-8951

Center for Autism  
1501 Kiln Creek Parkway  
Newport News, Virginia 23602  
Phone: (757) 369-2581 X2201  
Fax: (757) 369-5417

I understand that I may revoke this Consent by submitting written notice of my revocation. By signing below, I acknowledge my consent for New horizons to release/discuss information about the identified student with an individual not otherwise eligible to receive such personally identifiable information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Representative Signature

\_\_\_\_\_  
Date

*Please use this form for permission to mutually exchange information with such contacts as counselors, court representatives, family doctors, psychiatrists, psychologists, social workers, treatment facilities, or any other*

*individual or agency which may be helpful in educational planning (use one form per contact)*

