



### CONSENT TO OBTAIN INFORMATION

Part C early intervention, under the Individuals with Disabilities Education Act (IDEA) requires WV Birth to Three to obtain informed written consent prior to the exchange of any personally identifiable information.

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

Agency Name (if applicable): \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Please accept this consent to furnish confidential information to WV Birth to Three about the services and/or treatment rendered to:

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

Purpose for request of information:

- to assist in eligibility determination
- to assist in Individualized Family Service Plan development
- other:

Extent of material requested:

Signature of parent or legal guardian: \_\_\_\_\_

Date of written request: \_\_\_\_\_ Date consent expires: \_\_\_\_\_

Name of WV Birth to Three service coordinator requesting information:

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

\_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

This consent will be valid for one year unless otherwise specified. Consent may be revoked at any time upon the written request of the family or legal guardian except to the extent that information has already been supplied under this authorization. All rights are protected under the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA). Once requested information is admitted as part of the educational record, the information is covered under FERPA.