



CANYONS
School District

**Special Education
Authorization for Release of Information and
Agency Participation in Transition**

I. Student's Name: _____ Birth date: _____

II. At the next IEP we will be considering transition goals and needs. Transition is a consideration of post-secondary goals and services needed. There may be resources available to assist your student in transitioning from school to adult life. ***To the extent appropriate, we must invite a representative of the agency or agencies to gather information that may assist in determining if a student is a candidate for services for which they may be responsible to provide.***

III. I authorize that the above-named student's educational information (as designated below) be released for two-way communications between school and agency or agencies checked below. If you choose to add or delete an agency, please indicate and initial the box(es) changed

- Vocational Rehabilitation
 Division of Services for People with Disabilities
 Department of Workforce Services
 College or University Disability Resource Center
 Other: _____

For the following purposes:

- Invite agency to the IEP for the purpose of discussing transition needs
- Assist in assessing interagency eligibility
- Assist in providing input skill development as it relates to vocation
- Student participation with agency orientation

Specific Information to be released:

- Educational information as it pertains to post-high school goals and pursuits
- Special Education IEP
- Special Education qualifying information

IV. Authorization Restrictions, Rights and Understanding:

Signing this authorization is voluntary. Refusing to sign it will not affect Canyons School District's commitment to provide a quality education for your child; however, your signing this form is required in order for the school to assist your child in connecting with agencies that may provide transition services once your child leaves the school. This authorization is valid from the date signed and may be revoked at any time by sending a written request to us prior to the expiration date. Revocation of this authorization shall not affect releases of information made prior to the revocation.

V. Please check, sign, and return to the special education teacher.

- I give my consent to have the above-listed agency or agencies invited to the upcoming IEP meeting.
 I do not give my consent to have the above-listed agency or agencies invited to the upcoming IEP meeting.

Signature of Parent/Legal Guardian or Adult Student

P.3.b

Date

3/11