

PALO ALTO UNIFIED SCHOOL DISTRICT
Greendell Site - Special Education
4120 Middlefield Road
Palo Alto, CA 94303
(650) 852-0112

TRANSITION PARTNERSHIP PROGRAM - TPP / WORKABILITY 1

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Student's Name: _____ Address: _____

City and Zip _____ Phone: _____

Soc. Sec. No. _____ Date of Birth _____

I hereby give my permission to the following agencies:

- _____ Palo Alto Unified School District (PAUSD)
- _____ State Department of Rehabilitation (DR)*
- _____ San Andreas Regional Center (SARC)
- _____ Employer
- _____ Parent
- _____ Other _____

To Exchange the following information

- _____ Current Individualized Education Plan (IEP)
- _____ Current Individualized Transition Plan
- _____ Vocational assessment report
- _____ Last psychological assessment report
- _____ Transcripts
- _____ Medical information
- _____ Other _____

*DR includes all the above documents

To transport as needed for TPP/Workability Project

Permission for photographs for TPP/Workability 1

Note: Information received becomes part of the student's records and upon request is available for review. The information will be maintained as confidential.

Student/Client

Date

Parent of Legal Guardian (if under 18 years old)

Date