



NINOS, Inc. Head Start/Early Head Start Program
P.O. Box 189 , Rio Hondo, TX 78583
Phone: (956)399-9944 Fax: (956) 399-9966

Consent For Disclosure of Confidential Information

CPID: _____

Brownsville ISD ☐ Harlingen CISD ☐ Los Fresnos CISD ☐ Lyford ISD ☐ Point Isabel ISD ☐
San Benito CISD ☐ Mercedes Sp. Ed. ☐ Rio Hondo ISD ☐ Wil-Cam Co-Op ☐ Easter Seals/ECI ☐

Student Name: _____

DOB: _____

Center: _____

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above student.

Name and Position of ECI/Easter Seals/ ISD Staff

Carmen Reyes/ carmen.reyes@ninosinc.org
Disability Coordinator

ECI/Easter Seals /ISD

NINOS, Inc. Head Start/Early Head Start
Agency

Address:

Address:

P.O. Box 189, 22887 State Hwy 345

Rio Hondo, TX 78583

Fax: (956) 399-9966

Fax: _____

RECORDS TO BE RELEASE/DISCLOSED: **Notice of Ineligibility/Recommendation to not Evaluate** _____
IFSP Plan _____ **Discharge Summary** _____ **IFSP Transition Services** _____
Full Individual Evaluation _____ **ARD/IEP** _____

Yes No

____ I have been fully informed in my native language or other mode of communication and understand the school's request to my consent.

____ I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive.

(It does not negate an action that has occurred after the consent was given and before the consent was revoked.)

____ I give permission for the identified records to be release/disclosed to the above named person(s)/agency(ies).

Parent/Guardian's Name

Relation to the Child

Parent/Guardian's Signature

Date

Name of Interpreter, if used

Interpreter's Signature

Date