



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 SPECIAL EDUCATION – FIRST STEPS  
**RELEASE OF INFORMATION**



**I understand that many agencies provide a variety of services and benefits. Each agency must have specific information in order to provide these services and benefits. By signing this form, I am allowing the named agencies to exchange specific information to effectively provide or coordinate services and benefits.**

**A.** I, \_\_\_\_\_ give my informed consent for  
 (Parent/Legal Guardian Name)  
 information regarding: \_\_\_\_\_ / \_\_\_\_\_ to be *either*:  
 (Child's Legal Name) (D.O.B.)

**B.** Mutually exchanged/shared between the agencies in the box below:

_____ (individual/Agency Name)	<b>AND</b>	_____ (Individual/Agency Name)
_____ (Address/Phone Number)		_____ (Address/Phone Number)

**OR**

**C.** Only released from :

to:

_____ (Individual/Agency Name)
_____ (Address/Phone Number)

_____ (Individual/Agency Name)
_____ (Address/Phone Number)

**D.** The purpose of the requested information is to:

- Assist First Steps to determine eligibility
- Ensure the development of an Individualized Family Service Plan (IFSP)
- Inform the child's physician about his/her services and progress in First Steps
- Assist the local school district in determining eligibility for Early Childhood Special Education (ECSE)
- Promote a smooth transition from First Steps
- Other: \_\_\_\_\_

**E. This consent includes the following types of information: (as checked)**

- The child's entire early intervention record
- Any and all health/medical/dental records
- The child's IFSP
- All assessment/evaluation records/reports (within the last year)
- All provider progress notes (within the last year)
- Documentation of services provided
- Documentation of ECSE eligibility
- Other: \_\_\_\_\_

**I understand:**

- Any records sent to the First Steps Program will be subject to re-disclosure as required by the Family Educational Rights and Privacy Act (FERPA).  
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- I have the right to inspect and copy the information to be shared.
- That eligibility is based on my child's individual development and one way to evaluate that is medical records. If I do not give my consent to share medical information, First Steps will determine eligibility and services based on the available information.
- Treatment, payment, enrollment or eligibility for benefits may not be conditioned on whether I sign the authorization.
- I am providing my consent voluntarily and I understand the information on this form.
- I have a right to revoke this authorization at any time. I understand that if I revoke authorization, I must do so **in writing** and present my written revocation to the Service Coordinator. I further understand that actions already taken based on this authorization, prior to revocation, will **not** be affected.
- This release of information will remain in effect until my child is no longer receiving First Steps services unless I specify an expiration date.

**F. Indicate here if the parent wishes to specify an expiration date prior to or after the date the child's First Steps services end.** \_\_\_\_\_

(Expiration Date)

**G.** \_\_\_\_\_  
Signature (Parent/Legal Guardian) Date

**If authorization is signed by a personal representative of the individual, please include a description of authority on the child's behalf and attach a copy of the document granting authority.**

*The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.*

**Updated April 2010**