

# Authorization for Release/Exchange of Confidential Information

**MONTGOMERY  
COUNTY  
PUBLIC  
SCHOOLS**  
Maryland

Office of Special Education  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 336-32  
August 2022  
Page 1 of 2**

Student's Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student's Address \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Current School \_\_\_\_\_ Home School \_\_\_\_\_

Classroom/Homeroom Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # 1 \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # 2 \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Authorization Obtained By Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART I: RELEASE OF RECORDS INFORMATION:** In cases where it appears helpful to obtain non-Montgomery County Public Schools (MCPS) records or to share MCPS information with community resources because the information may reduce the need for testing or facilitate service provision, enter the title of the record(s) or the type of information to be shared, and the agency/person who has the information. Explain that the parent(s)/guardian(s)/eligible student's signature authorizes MCPS to obtain the specified records and/or to share information with the specified sources, e.g., authorized health care provider, tutor who may be working with the student. See [MCPS Regulation JOA-RA](#), [Student Records](#), for additional details.

Information Requested	From (Person, Agency, Address)	To Be Sent To (Person, Agency, Address)
1.		
2.		
3.		
4.		
5.		

I hereby consent to the exchange and/or release (written verbal, or both) of confidential student information listed in Part I above relating to the above-named student between MCPS and the person/agency listed above.

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
*Signature, Parent/Guardian/Eligible Student* *Date*

**DISTRIBUTION:** Copy 1/Student's Confidential Folder; Copy 2/Parent/Guardian/Eligible Student; Copy 3/Person and/or Office who provided MCPS Records.

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

**PLEASE USE THIS PORTION OF THE FORM FOR TRANSITION SERVICES ONLY.**

Part II and Part III of MCPS Form 336-32 should be used for secondary transition planning for students ages 14–21 who have an Individualized Education Program (IEP).

**THIS SECTION IS FOR HIGH SCHOOL STUDENTS ONLY.**

**PART II: PERMISSION FOR REFERRALS OR APPLICATION:** Obtain the consent of a parent/guardian/eligible student prior to making a referral, and/or support with an application, for a high school student to a participating agency for **transition services** such as the Division of Rehabilitation Services, DDA, DLLR, or the Behavioral Health Administration for the service(s) marked below.

**MCPS STAFF USE ONLY**

Division of Rehabilitation Services	Behavioral Health Administration	Maryland Department of Labor (MDL), Office of Workforce Development and Adult Learning (WorkSource Montgomery)	Developmental Disability Administration (DDA)
<input type="checkbox"/> Pre-employment Transition Services (PreETS) <input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Children/Adolescents Services <input type="checkbox"/> Clinical Services <input type="checkbox"/> Core Service Agency	<input type="checkbox"/> Summer R.I.S.E. <input type="checkbox"/> Young Adult Opportunity Program	<input type="checkbox"/> Application

**Services are based on eligibility criteria determined by the provider agency.**

- I give permission to MCPS to refer the above-named student for the transition service(s) checked above. I understand that at the end of the assessment and/or enrollment in a program, I will be contacted and goals may be addressed in the student's IEP. I understand that the granting of consent is voluntary and may be revoked at any time.
- I do not give permission to MCPS to refer the above-named student for the service(s) checked above.

\_\_\_\_\_  
Signature, Parent/Guardian/Eligible Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**PART III: CONSENT FOR PARTICIPATING AGENCY TO BE INVITED TO IEP TEAM MEETINGS:** Obtain the consent of a parent/guardian/eligible student for a participating agency such as the Division of Rehabilitation Services, Developmental Disability Administration (DDA), Maryland Department of Labor (MDL), or the Behavioral Health Administration, to be invited to attend any IEP team meeting at which **transition services** will be considered for a student with a disability. *Inviting an agency representative does not guarantee attendance at an IEP meeting.*

I give permission to MCPS to invite the agency(s) indicated below:  Yes  No

- Division of Rehabilitation Services     Behavioral Health Administration     Developmental Disability Administration (DDA)
- Maryland Department of Labor (MDL), Office of Workforce Development and Adult Learning

who may be able to provide postsecondary transition services to an IEP team meeting to be held on or before \_\_\_\_/\_\_\_\_/\_\_\_\_.

I understand that the granting of consent is voluntary and may be revoked at any time.

\_\_\_\_\_  
Signature, Parent/Guardian/Eligible Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date