

**Dominion School for Autism
Permission to Exchange Records
Summer 2008 and School Year 2008-2009**

I, _____, the parent/ guardian
Parent/Guardian's Name

of _____, give permission for the following
Student's Name

people, who are not affiliated with Dominion School for Autism, to provide and receive confidential records concerning my child and to discuss educational information about my child. The indicated individuals must have an educational, medical, legal or behavioral interest in my child.

Name

Title

Name	Title

Parent/Guardian's Signature

Date