

**NEW JERSEY  
EARLY INTERVENTION SYSTEM**

**Parent Consent to Release**

**Early Intervention Records**

<b>Child's Name</b>	
<b>Child's DOB</b>	
<b>Date Sent</b>	

**PURPOSE FOR RELEASING RECORDS**

Your consent is being requested to release information about your child's early intervention services to a requesting third party. NJEIS is only permitted to release records produced by the NJEIS to a third (3<sup>rd</sup>) party. This Parent Consent to Release Early Intervention Records is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). This release form will be part of this child's record maintained at the Service Coordination Unit based on where the child resides.

I give informed consent for the release of information on my child named above as follows:

**Consent is given to the following Agency/Individual:**

Telephone Number

Address

City

State

Zip Code

**Information Requested to be Released**

**Written**

**Verbal**

**Both**

**INFORMATION REQUESTED FOR RELEASE IS LIMITED AS CIRCLED BELOW FOR EACH ITEM**

<b>Y</b>	<b>N</b>	Referral and Intake Information
<b>Y</b>	<b>N</b>	NJEIS Eligibility Determination Summary
<b>Y</b>	<b>N</b>	Developmental Evaluation/Assessment Reports and Testing Protocols
<b>Y</b>	<b>N</b>	Individualized Family Service Plan (IFSP)
<b>Y</b>	<b>N</b>	Service Practitioner/Caregiver Notes and Summaries
<b>Y</b>	<b>N</b>	Other (Please Specify):

**I understand that I may change or withdraw this consent to release NJEIS records at any time and that this authorization shall expire one year from the date this consent was signed.**

Printed Name of Parent (Guardian)	Signature of Parent (Guardian)	Date
Print Name of Interpreter	Signature of Interpreter	Date