



MARY JANE DUTY

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CONSENT TO ACCESS AND SHARE INFORMATION

I, _____ (parent/guardian/conservator understand that my child may be evaluated by one or more professional assessors. I also understand that Mary Jane Duty may consult with one or more Evaluators/Assessors in connection with the educational representation of my child. I hereby give my permission to Mary Jane Duty to share with the Evaluator/Assessor my child's school records, medical and other information necessary for consultation and evaluation.

Student: _____

Parent/Guardian/Conservator

Parent/Guardian/Conservator Signature

Date