

Mutual Exchange of Information & Permission for SESA Consulting Services

2600 DENALI STREET SUITE 200 ANCHORAGE, ALASKA 99503

Updated: October 2022

907.334.1300 PH 844.404.1300 TF 206.330.0300 FAX

Name of Student		Student's Date of Birth	
I grant permission for SESA to produce to produce the produce of t	ogramming and/or asd for assessment and/o	ssessment for my son/daughte or instructional purposes only.	
I also grant permission for the I organizations/individuals. (PARENT organization/individual. Draw a line	: Please initial and list	the name, address, and phone n	_
1.			
	Name/Address/Phone Num	ber of added organizations/individuals	
2.			
	Name/Address/Phone Num	ber of added organizations/individuals	
 I understand that: All practices of confidentiality I can cancel this authorization This release is valid for <u>five year</u> 	at any time by writing to	SESA.	
PRINTED Name of Parent / Guardian		Relationship to Student / Child	
SIGNATURE of Parent / Guardian		Date	
Address:			
Street	City	Zip	
Primary Phone:			
Secondary Phone:			
Email Address:			

Service Reports will be sent via e-mail, unless an e-mail address is not provided

A copy of this form may be sent to each agency/person listed.

If you do NOT wish all agencies listed to receive a copy, please advise in writing.

You may use the back of this form.