

**NEW JERSEY  
EARLY INTERVENTION SYSTEM**

**Parent Consent  
To Request Information**

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

<b>PURPOSE FOR REQUESTING INFORMATION</b>			
Parent consent is being requested to obtain essential and necessary information in order to plan and provide early intervention services. The New Jersey Early Intervention System (NJEIS) provides services to children with developmental delays and disabilities, from birth to age three years, and their families. This Parent Consent to Request Information is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). The information will be part of this child's record maintained at the Regional System Point of Entry (SPOE) or county 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:			
<b>Request for release of information to:</b>			Telephone Number
Address	City	State	Zip Code
<b>Consent to provide information to:</b>			Telephone Number
Address	City	State	Zip Code

<b>Information Requested to be Released (Check Only One)</b> <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Both			
<b>INFORMATION REQUESTED FOR RELEASE IS LIMITED AS CIRCLED BELOW FOR EACH ITEM</b>			
<b>Y</b>	<b>N</b>	Medical records including, but not limited to, progress notes, history and physical, discharge summary and treatment plan(s)	
<b>Y</b>	<b>N</b>	Developmental Evaluation/Assessment Reports and Testing Protocols	
<b>Y</b>	<b>N</b>	Other (Please Specify):	
<b>I understand that: (1) the requested information may be shared with NJEIS Provider Agencies (Regional SPOEs, Service Coordination Units, Early Intervention Programs) and practitioners assigned to provide services to my child and family, (2) my child's record is available for my review; (3) I may receive a copy of the record received at my request; (4) NJEIS is not permitted to re-disclose the records listed above to a third (3<sup>rd</sup>) party; (5) I may change or withdraw this consent at any time; and (6) this authorization shall expire one year from the date this consent was signed.</b>			
Printed Name of Parent (Guardian)		Signature of Parent (Guardian)	Date
Print Name of Interpreter		Signature of Interpreter	Date