

The SEA Group  
Special Education Advocacy  
**Consent for services**

I, \_\_\_\_\_ as Parent/Guardian of  
\_\_\_\_\_ &

Give consent for SEA Group Liaisons (Chris Shafer, Angela Quayle, Shirley Fishman, Sue Endress, Glenda Carter, Rick Ondrizek, Dawn Blatnik and Bianca Rojas)

To attend and have input at educational meetings regarding my child. Meetings include, but are not limited to: Individual Education Plan (IEP), Evaluation, Reevaluation, Disciplinary, Manifestation Determination, Pre-expulsion/Expulsion, Section 504, or any other educational meeting.

To communicate, request, receive and review copies of any and all educational records of my child. Records to include, but are not limited to: progress reports, transcripts, attendance, discipline referrals, suspensions, expulsions, special education evaluation/reports, psychological assessments, and Individual Education Plans.

I understand that upon request, I will be provided with a copy of the Grievance Procedure, HIPPA policy, Client Rights and Responsibilities and Privacy Practices.

I understand this consent remains in effect until one year from this date of my signature. I understand the services above are provided on a continuing voluntary basis and that I may revoke permission for any or all of the above in writing at any time.

I understand that a photocopy, fax, or electronic copy of this consent has the same effect as the original.

I understand the SEA Group is not a legal services agency. The Liaisons cannot provide legal advice or legal representation. Our services are not intended as legal advice and should not be used as a substitution for legal advice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if age 13 or older)