



**NEW JERSEY
EARLY INTERVENTION SYSTEM**

**Parent Consent To Release
Early Intervention Records**

Child's Name	
Child's DOB	
Date Sent	

PURPOSE FOR RELEASING RECORDS

Parent consent is being requested to release information to plan and provide services to meet a child's developmental needs. The NJEIS provides services to children with developmental delays and disabilities, from birth to age three years, and their families and works collaboratively with other community providers to meet the total needs of this child and family. 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 Regional System Point of Entry (SPOE) or county Service Coordination Unit based on where the child resides. NJEIS is only permitted to release records produced by the NJEIS to a third (3rd) party.

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

Consent is given to the following NJEIS Agency/Individual:			Telephone Number
Address	City	State	Zip Code
Release of information is to:			Telephone Number
Address	City	State	Zip Code

Information Requested to be Released (Check Only One)	Written	Verbal	Both
INFORMATION REQUESTED FOR RELEASE IS LIMITED AS CIRCLED BELOW FOR EACH ITEM			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral and Intake Information			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NJEIS Eligibility Determination Summary			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Evaluation/Assessment Reports and Testing Protocols			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individualized Family Service Plan (IFSP)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Practitioner/Caregiver Notes and Summaries			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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